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August 3, 1989

Ms. Alisa Greene  
U.S. Environmental Protection Agency  
Region IX (T-4-1)  
215 Fremont Street  
San Francisco, California 94105

Re: Hawker Pacific Inc./San Fernando Valley  
(EPA Reference T-4-1)

Dear Ms. Greene:

Enclosed is the response of Hawker Pacific Inc. to EPA's CERCLA § 104/RCRA § 3007 letter dated in February 1989, requesting information regarding the company's facility at 11310 Sherman Way, Sun Valley, California 91352. I spoke with you by telephone a few weeks ago and you agreed to an extension in submitting the document. It took slightly longer than I anticipated to get the documents ready due to my being out of my office part of the time.

As the response states, we are aware of no evidence indicating that Hawker Pacific's facility has had any release that could have contributed to the regional groundwater problem. Please notify me if you have reason to believe otherwise.

Very truly yours,



Michael A. Monahan  
of McCUTCHEN, BLACK, VERLEGER & SHEA

MAM/ph

RICHARD J. DENNEY  
MICHAEL A. MONAHAN  
LAURA J. CARROLL  
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Attorneys for  
HAWKER PACIFIC INC.

BEFORE THE  
UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY

In re Hawker Pacific, Inc.,	)	
facility at 11310 Sherman	)	EPA Reference T-4-1
Way, Sun Valley, California;	)	
San Fernando Valley	)	
Groundwater Investigation	)	
<hr/>		

RESPONSE OF HAWKER PACIFIC INC.

TO REQUEST FOR INFORMATION

PURSUANT TO 42 U.S.C. § 9604(e)

RESPONSE OF HAWKER PACIFIC INC.

TO REQUEST FOR INFORMATION

PURSUANT TO 42 U.S.C. § 9604(e)

This response is made by Hawker Pacific Inc. ("Hawker Pacific") to the request for information under 42 U.S.C. §§ 9604 and 6907 made by the United States Environmental Protection Agency ("EPA") by letter dated February 1989, addressed to Robert E. (Bob) Wilson, regarding Hawker Pacific's facility at 11310 Sherman Way, Sun Valley, California 91352. This response does not constitute any admission by Hawker Pacific that it has contributed to or is responsible for the San Fernando Valley groundwater contamination referred to in the EPA's request, and Hawker Pacific denies any such contribution or responsibility.

The following sets forth each question in the EPA request, followed by Hawker Pacific's response thereto.

1. A description of the purpose and operations of your facility including a detailed description of any hazardous waste storage, treatment, or disposal operations. Include the dates of operation.

**Response:**

Hawker Pacific overhauls and repairs, and manufactures, aircraft landing gear and flight control equipment at this facility. It has conducted operations at the site since April 1, 1987, when it purchased assets for that purpose from Inchcape PLC. At that time, its facility included Buildings 1 through 4



(see Response to Request No. 3, below). In December 1987, its facility was expanded to include Building No. 5.

Hawker Pacific's operations at the site consist of receiving and inspection of material and equipment, machining and grinding, plating, painting, assembly and testing of new and reassembled equipment.

Operations at the site generate the following waste streams:

1. Plating shop wastes: (a) Plating shop production trash consisting of tape and masking materials is collected in steel drums. (b) Spent plating baths are periodically pumped out of the equipment and absorbent is added to it in steel drums. (c) Plating tank sludge also is periodically pumped out and absorbent is added in steel drums. (d) Plating operations rinse water is directed to a clarifier tank prior to discharge to the publicly owned treatment works ("POTW"). Clarifier sludge is periodically pumped out, and dewatered using an onsite press. The sludge is placed in steel drums, and the water is returned to the clarifier tank. Steel drums of all these plating shop wastes are hauled offsite to a permitted disposal site.

2. Several other types of miscellaneous liquid wastes are generated by the equipment used at the site: machinery waste oil, water soluble coolant from metal-working machinery, magnetic particle oil used for product testing, spent hydraulic fluids, degreasing solvents and paint thinners and solvent. These liquids are collected in steel drums and shipped offsite for recycling or disposal.

Steel drums in which the waste is accumulated are stored temporarily in a paved storage compound in the yard at the facility. These operations and waste streams have remained essentially the same since Hawker-Pacific began operations at the facility.

2. A detailed description of all hazardous substances and hazardous wastes that were or are used or produced in operation or in production-related processes at your facility(s). Of particular importance is your information regarding past and present chlorinated solvent usage including but not limited to carbon tetrachloride (CTC), trichloroethylene (TCE), and tetrachloroethylene (PCE). For each substance and each waste used or generated, provide the following information.
  - a. The common chemical name, specific chemical name, and chemical composition by volume for liquids and weight for solids;
  - b. The total amount, in gallons for liquids and tons for solids, or annual usage or generation;
  - c. The methods and processes used to generate, store, treat, and dispose of, and otherwise handle each substance;
  - d. When and where the above processes occurred and are occurring. Please specify dates and locations as precisely as possible. Location information should include, but not limited to, information pertaining to tanks, ponds, treatment facilities, and other units which were historically used to treat, store and/or dispose of hazardous substances but which may no longer exist.

**Response:**

The following is a list of the hazardous materials used, stored, or produced at this site:

Liquid Wastes:

Shell Tellus Oil

Hydrocarbon Mixture 99%

55 Gallons a Year Usage

Used for lubricating machinery in the machine shop areas in Buildings 1 and 2.

Disposed of by recycling off-site

Shell Garia Oil-C-  
Hydrocarbon Mixture 99%  
50 gallons a year usage  
Used for lubricating machinery in the machine shop areas in  
Buildings 1 and 2  
Recycled off-site

Trichloroethane  
Trichloroethane 1.1.1. 100%  
600 Gallons a Year Usage  
Used for degreasing machined parts in the plating shop area in  
Building 2  
Recycled off-site

Red Oil  
Hydraulic Fluid H-5606  
Mixture 99% CAS# 64742-46-2, 64741-97-5, 64742-53-6  
250 gallons a year usage  
Used to fill and test hydraulic units before shipment, in the  
test room in Building 3  
Disposed of by recycling off-site

Methylene Chloride  
Methylene Chloride 100% CAS# 75-09-2  
50 gallons a year usage  
Used in assembly of the components in the assembly department in  
Building 3  
Recycled off-site

Rho-Solv 1204  
Rho-Solv 1204 100% CAS# 64742-89-8  
1200 gallons a year usage  
Used to clean parts and machinery in Buildings 2, 3 and 4  
Recycled off-site

Mag-Oil-C  
Deodorized Kerosene 96% Parafins, 2% Benzene  
200 gallons a year usage  
Used in magnetic particle inspection equipment in solvent tanks  
in NDT (non-destructive testing) Department in Building 2  
Recycled off-site

Rubbing Alcohol  
Isopropyl Alcohol  
60 gallons a year usage  
Used to clean hydraulic equipment during assembly process in  
Building 3  
Recycled off-site

Chase 310

Lacquer Thinner 22% Toluene, 50% Ketone, 5% Glycolethers, 22% Petroleum Hydrocarbons

150 gallons usage

Used for cleaning parts to be painted, paint gun cleanup and thinning of paints in Building 4

Recycled off-site

MEK

Methyl Ethyl Ketone 100% CASE# 78-93-3

70 gallons a year usage

Used for cleaning parts in plating and assembly and test departments in Buildings 2 and 3

Recycled off-site

Water Soluble Coolant

Waste Oil and Water

3000 gallons a year usage

Used for cooling during grinding and metal working in machine shop areas in Buildings 1 and 2

Recycled off-site

**Solid Wastes:**

Cyanide/Cadmium Waste

3/4 cubic yards a year

Plating tank sludge, spent plating solution in plating shop in Building 2

Land fill disposal

Nickel Waste

3/4 cubic yards a year

Plating tank sludge, spent plating solution in plating shop in Building 2

Land fill disposal

Chromium Waste

7 cubic yards a year

Plating tank sludge, spent plating solution in plating shop in Building 2

Recycled off-site

Metal Hydroxide Waste

2 cubic yards a year

Waste water treatment solids from the treating of metal finishing rinse water

Recycled off-site

Oil and Grease Waste

3/4 cubic yards a year

Residue from oil product drums, from storage tank for water soluble coolant in yard storage

Recycled off-site

**Production Trash:**

**Masking Tape and Materials**

From Building 2 plating shop as described in response to request No. 1 above

**Land Fill Disposal**

All of the materials referred to above are used in and handled by machinery, vessels, other equipment, piping or drums (both before and after becoming waste or recyclable materials) located above concrete or paved floors or pads so that any liquid leak or release would be promptly visible, with two exceptions: The plating waste water clarifier tank in Building 2 is partially below grade, and hydraulic fluid (red oil) and related compressor oil drips used for testing equipment are captured with compressor condensate water in two small sumps (approx. 18" x 18" x 18" each) located next to each other outside Building 3. A sample boring has been placed in the location of the plating clarifier. (See Response to Request No. 8.) The integrity of the two small sumps is and has been readily ascertained by visual inspection.

3. Any photographs, maps, diagrams regardless of their date, which show areas where hazardous substances or hazardous wastes have been made or may be located.

**Response:**

See enclosed facility diagram, document "A".

4. A description of past and present disposal practices of hazardous substances and hazardous wastes generated or used at your facility. If off-site disposal of wastes has occurred, please provide a detailed description, including copies of manifests of hazardous substances and hazardous wastes, the names and addresses of transporters that have ever been engaged for the purpose of transporting hazardous substances or hazardous wastes from your facility, and the location to where the waste was hauled.

**Response:**

See responses to Requests 1 and 2, above. Hawker Pacific's past and present hazardous waste disposal practices are: All hazardous substances for disposal are profiled (sampled and analyzed), packaged and transported by an approved transporter to a disposal site or recycler that is authorized to accept that substance.

Enclosed are copies of manifests covering from 1987 to present date, document nos. HP000001 - HP000042.

**Transporters used:**

Disposal Control Inc.  
1369 W. 9th Street  
Upland, CA 91786

King & King Drain Oil Service  
635 Obispo  
Long Beach, CA 90814

Locations to which materials were hauled are shown on the manifests.

5. Locations and detailed descriptions of all monitoring wells, supply wells, injection wells, and underground tanks at your facility.

**Response:**

One underground tank, which has not been used by Hawker Pacific, recently has been discovered at the back of Building 1,

between Buildings 1 and 2. (See diagram supplied in Response to Request No. 3.)

6. Is your facility(s) currently connected to a sewer line? If so, please identify the sewage system, date of connection, and types of wastes discharged. If you are or at some time operated your facility(s) without a sewer line connection, please identify the method of waste water disposal that you use or did use. Specifically, have you or are you using leach field(s), septic tank(s), or any other method of onsite disposal.

**Response:**

Site Buildings Nos. 1, 2, and 4 are connected to a POTW sewer line. Waste streams discharged into this sewer are biological waste, and plating rinse waters that have been pretreated as described in Response to Request No. 1, above. These sewer connections have been in place since Hawker Pacific began operations at these portions of the site in April 1987.

Buildings Nos. 3 and 5 are connected to septic tanks with leach lines. These have been in place since Hawker Pacific began operations at these portions of the site, in April and December 1987, respectively.

7. All analyses from sampling of monitoring and supply wells, underground tanks, soil samples, and soil-gas sampling conducted at your facility. Please include any reports written by consultant(s) about these sample analyses.

**Response:**

Pursuant to direction of the California Regional Water Quality Control Board, Los Angeles Region ("LARWQCB"), on December 1, 1988, Law Environmental Inc. performed a subsurface investigation at two locations on this site to determine if any

subsurface contamination to soil or ground water had occurred.

The report is produced herewith, document "B".

8. Are you or your consultants planning to perform any investigations of the soil, water (ground or surface), geology, geohydrology, or air quality on or about the site? If so, please describe the planned investigation(s).

**Response:**

Hawker Pacific has been requested by California Regional Water Quality Control Board to perform an additional two borings in the area of Building 3 and 5 to a depth of 40 feet as well as two borings inside Building 2 to a depth of 10 feet. Final results are not yet received. Air emissions testing was conducted February 13, 1989 by Truesdail Labs to determine total and hexavalent chrome from this facility's three hard chrome plating tanks.

9. A list of all current and former employees, agents, contractors, consultants, company officers, and other personnel who may possess knowledge or information relevant to this inquiry. This list should include each individual's name, address, telephone number, and job title or function.

**Response:**

<u>Name</u>	<u>Address &amp; Phone No.</u>	<u>Title</u>	<u>Term. Date</u>
Erik Johnson	6722 Whitsett No.Hollywood, CA 91606 (818) 765-3589	Hazardous Waste/ Process Supervisor	
Harry Gunn	530 N. Myers Burbank, CA 91506 (818) 848-0472	Machine Shop Supv.	
Bud Bailes	6730 Van Noord No.Hollywood, CA 91606 (818) 762-4856	Plater Journeyman/ Lead	
Ed Conley	Deceased 6-8-88		



<u>Name</u>	<u>Address &amp; Phone No.</u>	<u>Title</u>	<u>Term. Date</u>
Stan LaSalle	2414 Minuteman Way Costa Mesa, CA 92626 (714) 545-0036	EPA/Hazardous Waste Engineer	3-4-88
Lewis Augustine	723 E. Chevy Chase Glendale, CA 91205 (818) 247-4229	Supervisor Sr.	7-31-87

10. Length of time your company has been at the site location and any information you have regarding former occupants of this location and their hazardous waste practices.

**Response:**

Hawker Pacific has occupied this site from April 1, 1987, except it has occupied Building 5 since December 1987. Prior operators at the site excluding Building 5, based on information and belief, were:

Inchcape PLC.	6-1-82 to 4-1-87
Parker Corp.	Approx. 1980 to 6-1-82
Bertea	Approx. 1979-1980
Zero Corporation	Approx. 1977-1979
Canoga Industries	Approx. 1968-1977
Stellar Hydraulics	Approx. 1963-1969 (Buildings 1 and 2 only)

Some of these may not have occupied the entire site of Buildings 1 - 4.

The company occupying Building 5 immediately prior to Hawker Pacific was Laura Scudder. Hawker Pacific lacks information as to other prior occupants of Building 5.

11. Any information regarding use and disposal of chlorinated solvents by any person or business in the San Fernando Valley.

**Response:**

Hawker Pacific objects to this request as beyond the scope of EPA's authority. Without waiving this objection, Hawker Pacific produced herewith copies of manifests relating to prior operators at this location that Hawker Pacific possesses, as documents no. HP000043 - HP000128.

12. A descriptive list of all insurance policies held by your company. The description should include the dates during which each policy was in force, the general type of policy (e.g., comprehensive, general liability, automobile), the insurance company issuing the policy, the policy number, and any specific provision of the policy which may relate to claims for environmental damages.

**Response:**

See document entitled "Hawker Pacific Inc. Insurance Policy List, document "C", produced herewith in a separate envelope labelled as confidential information. This document and the information contained therein is confidential and subject to 40 C.F.R. § 2.203(b), and is to be so treated.

13. A detailed description of all hazardous substance and hazardous waste spills, leaks and incidents, as well as any clean-up actions undertaken during the history of your facility's operation.

**Response:**

No known spills, leaks or incidents during Hawker Pacific's operation at this location.

14. A list of the names and addresses of all solvent suppliers and solvent recyclers from which either products or services were acquired for use by your facility.

**Response:**

Rho-Chem Corp P.O. Box 6021 H25-Isis Ave. Inglewood, CA 90301	Supplier and recycler
PRI 1835 E. 29th Street Signal Hill, CA	Recycler
DeMenno-Kerdoon 2000 N. Alameda Street Compton, CA 90222	Recycler
Casmalia Resource Management NTU Road Casmalia, CA 93429	Recycler
Shell Oil Co. 14117 Aetna Van Nuys, CA 91408	Supplier
Holchem Chemical 13546 Desmond Street Pacoima, CA 913131	Supplier

15. An audited set of financial statements which includes a Statement of Financial Position/Balance Sheet, Income Statement, and Statement of Changes in Working Capital, and any other supplementary information for your company's most recent fiscal year.

**Response:**

See financial statements, document "D", produced herewith in a separate envelope labelled as confidential information. This document and the information therein is confidential subject to 40 C.F.R. § 2.203(b), and is to be so treated.

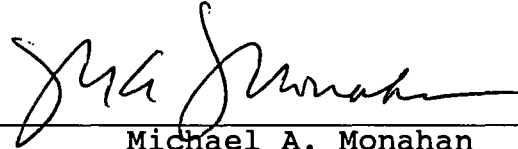
16. Are you owned by another corporate entity as a subsidiary, division, or otherwise?

Response:

Yes. See document produced in response to Request No.

DATE: JULY 7, 1989

RICHARD J. DENNEY  
MICHAEL A. MONAHAN  
LAURA J. CARROLL  
McCUTCHEN, BLACK, VERLEGER & SHEA

A handwritten signature in dark ink, appearing to read "Michael A. Monahan", is written over a horizontal line.

Michael A. Monahan

Attorneys for HAWKER PACIFIC INC.

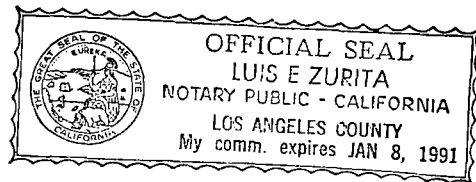
I, Robert E. Wilson, Vice President and General Manager of Hawker Pacific Inc. (the "Company"), directed employees under my supervision in a search for records in the possession of the company and in interviewing company employees with knowledge of the company's operations, chemical use and business practices, for purposes of preparing the responses to which this is attached. I believe that the search and interviews were diligent and, based thereon, that the factual responses to which this is attached are correct.

DATE: July 7, 1989



ROBERT E. WILSON

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 7<sup>th</sup> DAY OF July..... 1989.  
.....  
NOTARY PUBLIC  
Luis E. Zurita.



A TRI I.I.I. STORAGE TANK  
B CHEMICAL STORAGE SHED  
C CHEMICAL STORAGE SHED  
D WASTE OIL AND WATER STORAGE TANK  
E FLAMMABLE LIQUID STORAGE SHED  
F HAZARDOUS WASTE STAGING AREA  
G COOLING TOWER  
H SEPTIC TANKS  
O PROPOSED FLAMMABLE LIQUID STORAGE AREA  
N PROPOSED CHEMICAL STORAGE SHED  
M PROPOSED CHEMICAL STORAGE SHED  
S BORING STIES DEC. 1, 1988

**PARTIALLY SCANNED  
OVERSIZE ITEM(S)**

See document # 2190017 (1 of 1)  
for partially scanned image(s).

For complete hardcopy version of the oversize document  
contact the Region IX Superfund Records Center at  
(415) 536-2000



LAW ENVIRONMENTAL, INC.

3420 N. SAN FERNANDO BLVD.  
SUITE 200  
BURBANK, CALIFORNIA 91504  
818-848-0214  
PANAFAX 818-848-1674

January 4, 1989

Hawker Pacific, Inc.  
11310 Sherman Way  
Sun Valley, California 91352

Project No. 58-8601  
RWQCB File No. AB104.0436

Attention: Mr. Erik Johnson  
Hazardous Waste Engineer

Gentlemen:

REPORT  
Subsurface Investigation  
AB-1803 Follow-up Program  
11310 Sherman Way  
Sun Valley, California

### INTRODUCTION

Law Environmental, Inc. is pleased to submit this report of subsurface investigation at the above-referenced property. The investigation was requested by the Regional Water Quality Control Board (RWQCB) in their September 6, 1988 letter to Mr. Erik Johnson (Appendix A). This report addresses all elements of the required investigation which concern subsurface investigation and associated laboratory analysis (Items 2 and 4a). Other requirements of the September 6, 1988 letter are/will be addressed in documents provided to the RWQCB by Hawker Pacific.

Our professional services have been performed using that degree of care and skill customarily exercised under similar





circumstances by reputable consulting engineers and geologists practicing in this or equivalent localities. No other warranty, expressed or implied, is made as to the information or professional advice included in this report. This report has been prepared expressly for Hawker Pacific, Inc. to be used solely for the purposes of the required RWQCB AB-1803 investigation. The report has not been prepared for use by other parties and may not contain sufficient information for other parties or other uses.

All findings and conclusions derived from measurements or analyses of soil, water, air and/or gas are based on the conditions which existed only at those particular sample locations and the times of sampling. The analytical results reflect the range of accuracy and detection levels, when specified, for the particular analytical equipment and/or specific analytical method(s) used.

#### FIELD INVESTIGATION

##### METHODS

Our field investigation was conducted on December 1, 1988. Three soil borings were completed to a depth of 10 feet at the locations indicated on Plate 1, Site Map. Boring B-1 was drilled



approximately one foot from the berm surrounding the TCA tank at the rear of Building 2. Boring B-2 was drilled approximately two feet from the berm surrounding the waste oil tank. Boring B-3 was drilled within the drum storage area.

All borings were drilled using a truck-mounted hollow-stem auger with an outer diameter of eight inches. Undisturbed samples were collected and preserved in accordance with the Soil Sampling Protocol in Appendix B. Samples from each boring were monitored in the field for the presence of volatile organic compounds using a Foxboro OVA 108GC (OVA). This unit is calibrated to a methane standard and provides a direct readout with a sensitivity of about one part per million (ppm) for most fuel hydrocarbons and organic solvents. Nine soil samples (three from each boring) were transported to Brown and Caldwell Laboratories in Pasadena for analysis.

#### GEOLOGY

Up to one foot of fill soils consisting of silty sand to sandy silt were encountered in our borings. The fill was underlain by recent alluvium consisting of a light brown, medium to coarse-grained sand with a trace of silt. This sand persisted to the bottom of our borings. Details of the geology are shown on the boring logs included as Appendix C.



Previous work in this vicinity indicates that deeper materials at this location are generally characterized by coarse sands and gravels. Los Angeles County Flood Control District data suggest that the depth to ground water at this location is in excess of 150 feet.

#### OBSERVATIONS

Ground water was not encountered in any of our borings. No visual or olfactory evidence of soil contamination was observed. No OVA readings were obtained from the borings which were in excess of background values.

#### ANALYTICAL RESULTS

In accordance with RWQCB requirements, all analyses were performed by a State and EPA-certified laboratory. The laboratory report and associated chain-of-custody documents are included in Appendix D. Samples from depths of 1, 5 and 10 feet in each boring were analyzed discretely for volatile organic compounds by EPA Method 8240.

Only one compound, methylene chloride, was detected in the soil samples. A fairly uniform concentration, 5 to 16 parts per



billion (ppb), was identified in all 9 samples. Methylene chloride is a commonly used solvent in the laboratory. Brown and Caldwell Laboratories has determined that the reported methylene chloride concentrations are due to laboratory contamination. This is stated in the letter from Brown and Caldwell which follows the laboratory report. Even so, the levels detected are well below the Drinking Water Action Level of 40 ppb recommended by the State of California Department of Health Services (January 1987).

#### CONCLUSIONS

Our investigation has not detected the presence of volatile organic compounds within the investigated areas of the subject property. The low levels of methylene chloride detected by the laboratory are believed to be the result of laboratory contamination.

-oOo-

One copy of this report should be submitted to the RWQCB by January 6, 1989. This extension was granted by Ms. Mila Sylvestre at the request of Law Environmental on December 21, 1988.



It has been a pleasure to have been of service to you on this project. If you have any questions regarding this report, please contact the undersigned.

Yours very truly,

LAW ENVIRONMENTAL, INC.

by *Warren W. Gross*  
Warren W. Gross  
Staff Hydrogeologist

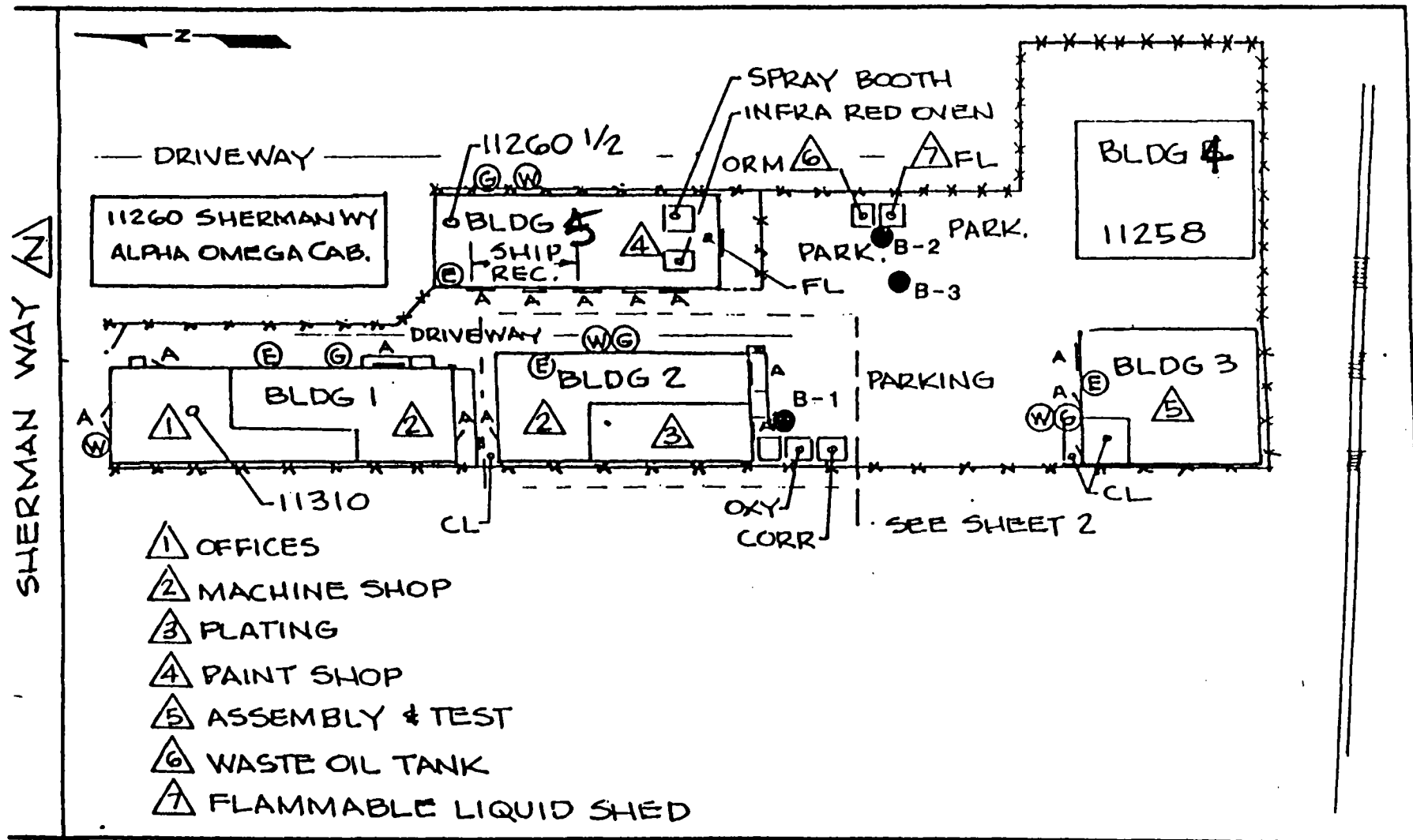
by *Jack Carmody*  
Jack Carmody, Manager  
Environmental Assessment

by *Glenn A. Brown*  
Glenn A. Brown, C.E.G. 3  
Senior Vice President

WG/gla/8601.RPT  
Attachments

(3 copies submitted)

SITE MAP FOR BUSINESS PLAN (BP-8)



BASE MAP BY HAWKER PACIFIC  
NO SCALE PROVIDED

B-1 ● BORING LOCATION  
AND NUMBER

SITE MAP



PLATE 1

LAW ENVIRONMENTAL, INC.

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD—  
LOS ANGELES REGION**

107 SOUTH BROADWAY, SUITE 4027  
LOS ANGELES, CALIFORNIA 90012-4596  
(213) 620-4460

September 6, 1988

Mr. Erik Johnson  
Hazardous Waste Engineer  
HAWKER PACIFIC INC.  
11310 Sherman Way  
Sun Valley, CA 91352

**SUBSURFACE INVESTIGATION - AB1803 FOLLOW-UP PROGRAM  
(FILE NO. AB104.0436)**

On August 31, 1988, your facility was inspected by Mila Silvestre and John Hostak of this Regional Board's staff. The inspection focused on past and present methods used for handling chemicals and wastes at your facility. During the site visit, the inspectors became aware of certain situations that may have resulted in soil and potential ground water contamination. Of primary concern are the areas listed below:

- A. Industrial Waste Clarifier System inside the Plating Shop. This clarifier receives solution overflow from the plating tanks. There is a 1,1,1-Trichloroethane (TCA) degreasing tank located within the plating area. Any spillage or leakage from this degreasing tank therefore gets mixed with the plating solution overflow and finally discharged into the industrial waste clarifier.
- B. Aboveground TCA Holding Tank Containment Area at the rear of the Plating Shop. This containment area is currently constructed to standards, i.e., with berms and concrete bottom. However, the area has been retrofitted only less than a year ago (per Mr. Erik Johnson). Prior to retrofitting, the condition of this area and the method of handling the solvent within this area are not known.
- C. Cooling Tower Area in front of the Hydraulic Test Room. At the time of inspection, there was ponded water on the concrete slab underneath the cooling tower. Blowdown from this cooling tower appears to be being discharged onto the ground through a discharge valve located at the bottom of the tower. Since the concrete slab is not bermed, the wastewater eventually flows down onto the asphaltic concrete. The discharge of wastes to land without waste discharge requirements from the Regional Board is a violation of Section 13260 of the California Water Code. If said discharge has been occurring, you are hereby ordered to discontinue this unacceptable activity immediately.

- D. Chemical and Waste Barrel Storage Area located between the Warehouse and the Paint Shop. There are signs of past chemical spillage in the asphaltic concrete throughout this area. Although there is a berm on the south side of this area, it does not provide adequate containment of spills and/or protection from surface runoff or runoff.

The main objective of this Agency's AB1803 follow-up inspection program is to determine possible sources of contamination in nearby drinking water wells. This program is comprehensive since even small discharges may have significant additive effects on the quality of ground water in the area.

You are therefore directed to submit a workplan for conducting a subsurface investigation to determine whether infiltration of contaminants into soils has occurred at the two areas of concern.

Your workplan must incorporate the site specific requirements listed below and all of the items contained within the enclosed Workplan Requirements for Initial Subsurface Investigation.

1. Industrial Waste Clarifier Area. In order to initially determine the integrity of the industrial waste clarifier system, the entire unit must be evacuated to remove all sludge and waste waters, steam cleaned and then visually inspected for any cracks and/or leaks. Please notify my staff prior to the date you plan to commence this activity so we can schedule an inspector to be present. In addition, a sample of the sludge must be analyzed for pH, Metals, Volatile Organics, Total Oil and Grease, Flash Point, and any other analysis required to determine if this material must be handled as a hazardous waste.
2. TCA Holding Tank Area. A minimum of one (1) shallow test boring to a depth of 10 feet below land surface is required immediately adjacent to the TCA holding tank containment area to determine whether past solvent handling practices have affected subsurface conditions in that area. Samples shall be obtained at the 1-ft, 5-ft, and 10-ft depths.
3. Cooling Tower Area. A written report must be submitted to indicate your current method of disposing the blowdown water from your cooling tower. Also, a list of the water treatment chemicals being added to the cooling water must be provided in the report to determine the need for additional work in this area.



Mr. Erik Johnson

Page3

4. Chemical and Waste Barrel Storage Area. a) A minimum of two (2) shallow test borings to a depth of 10 feet below land surface is required in this area. Samples shall be obtained at the 1-ft, 5-ft, and 10-ft depths in each boring location. b) Retrofitting of this area is required to provide adequate containment of all barrels stored, to control any spills, and to preclude surface runoff waste from leaving the area. A retrofitting plan must be submitted to this Board for review and approval.
5. Finally, since your facility operates a private sewage disposal system onsite, the following information regarding this system must be provided:
  - a. location of the disposal system(s),
  - b. the type of system(s) operated,
  - c. materials of construction,
  - d. size and capacity of the unit(s),
  - e. aerial extent of any associated disposal fields,
  - f. types and quantities of wastes discharged,
  - g. number and locations of connections to the system(s), and
  - h. results of any analytical testing required for operations and maintenance. This information will be reviewed and a determination made regarding the need for any subsurface investigation in this area.

The workplan containing all of the information identified above is due to this Regional Board by October 31, 1988. Enclosed for your convenience is a list of consulting firms that may be able to assist you in conducting the subsurface investigation.

If you have any questions concerning this matter, please contact Mila Silvestre at (213) 620-4930.

*David A. Bacharowski*

DAVID A. BACHAROWSKI  
Environmental Specialist IV

Enclosures

cc: Ms. Patti Cleary, U.S. EPA Region IX  
Mr. Bill Jones, L. A. County, Dept. of Health Services  
Mr. Publio Aliwalsa, City of Los Angeles Bureau of  
Sanitation

## SOIL SAMPLING PROTOCOL



The following procedures are followed when sampling soil with the hollow-stem auger drilling technique.

1. Continuous flight, hollow-stem augers are used.
2. All augers, samplers and downhole equipment are steam cleaned prior to use and between borings. This minimizes the possibility of cross-contamination occurring.
3. A registered geologist or other appropriately trained personnel observes the drilling, visually logs the soils, and obtains soil samples at appropriate intervals (usually 5 feet) as determined by field conditions.
4. The Unified Soils Classification System (USCS) is utilized to classify the soils. Rocks are classified according to the Colorado School of Mines "Classification of Rocks."
5. The soil samples are obtained using a modified California split-spoon sampler, which accommodates two to six sample tubes. Various tubes are utilized to accommodate the different analyses required:

Brass Tubes: 2 1/2 by 3 or 6 inches - for all organics and general analyses, excluding copper and zinc.

Stainless Steel Tubes: 2 1/2 by 3 or 6 inches - for all organics and metals analyses excluding chrome and nickel.

6. The tubes are scrubbed with a brush and TSP or equivalent cleaning agent, then rinsed with tap water. If required, the tubes are steam cleaned. Tubes are given a final rinse with distilled water and delivered to the drilling site in closed buckets or equivalent to preclude recontamination.
7. After the sample tubes are removed from the sampler, the latter is completely disassembled and scrubbed in TSP or equivalent and tap water. The sampler is rinsed with tap water, and distilled water (if required) and reassembled with the required number of clean tubes.
8. Unclean tubes are washed with TSP or equivalent solution, rinsed with tap water, etc. as described in 6 above.
9. In loose soils, a sand catcher is used to prevent soil from falling out of the sampler.
10. The sampler is driven 12 or 18 inches at each sampling. Generally, the lowest tube is retained for analysis. The other tube or tubes are retained for split sampling or as a back-up.

11. The sample is logged in. After testing for the presence of combustible gases or volatile organic compounds, the sample is capped with Teflon liners and tight-fitting plastic caps to minimize leaching and cross-contamination. Black vinyl electrical tape is used to tightly secure the caps to the sample tube. The samples are labeled and preserved in clean ice chests containing Blue Ice or equivalent, to keep the samples at or about 4 degrees Celsius.
12. The samples are kept in the ice chest until delivered to a state and EPA certified testing laboratory, the same day if physically possible. The undelivered samples are stored or archived in secured Law Environmental sample storage at or about 4 degrees Celsius. A freezer is also available at Law Environmental if freezing samples is required or recommended.
13. All samples are accompanied by a chain-of-custody form, documenting the time, date, and person-in-charge since retrieval of the sample from the sampler.
14. In case of visual and/or olfactory evidence of contamination, soil cuttings are impounded in drums carrying cautionary labels. The drums are secured from random contact. Custody of the drums and their content will remain with the client at all times.
15. If chemical analysis of the soil indicates the presence of elevated levels of pollutants, then the Client will be informed of the test results and advised as to the lawful means of disposal or detoxification. Upon the written request and authorization by the Client, Law Environmental will organize the disposal or detoxification of the impounded soil in accordance with all applicable federal, state, county and local regulations.
16. The soil sample tube label includes:  
Job Number  
Boring Number and Depth  
Sampling Date  
Sampler's Initials  
Test to be Performed (if known at the time of sampling).
17. An indelible marking pen or a ball-point pen is used to mark the sample tubes.
18. A detailed log is kept of all field activities.



LAW ENVIRONMENTAL INC.

## BORING LOG

OWNER Hawker Pacific PROJECT No. 58-8601  
LOCATION 11310 Sherman Way, Sun Valley BORING No. B-1  
DRILLED BY Drill-Line PAGE 1 of 1  
DRILLING METHOD Hollow Stem Auger DATE 12-1-88  
BOREHOLE DEPTH 10 feet BOREHOLE DIA. 8 inches LOGGED BY MM

DEPTH (feet)	BLOW COUNT	CASING (inches)	SAMPLE	GRAPHIC LOG	USCS	DESCRIPTION OF MATERIALS
1					SM	3" Asphaltic Paving
2					ML	FILL - SILTY SAND/SANDY SILT - finegrained, some clay, slightly plastic, damp, medium brown.
3					SP	SAND - medium to coarse grained, trace of silt, dry to damp, white to light brown
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LAW ENVIRONMENTAL INC.

## BORING LOG

OWNER Hawker Pacific PROJECT No. 58-8601  
LOCATION 11310 Sherman Way, Sun Valley BORING No. B-2  
DRILLED BY Drill-Line PAGE 1 of 1  
DRILLING METHOD Hollow Stem Auger DATE 12-1-88  
BOREHOLE DEPTH 10 feet BOREHOLE DIA. 8 inches LOGGED BY MM

DEPTH (feet)	BLOW COUNT	GASTECATOR (ppm hexane)	SAMPLE	GRAPHIC LOG	USCS	DESCRIPTION OF MATERIALS
1					SM	2" Asphaltic Paving
2					SP	FILL-SILTY SAND - very fine grained, trace clay, damp, medium brown
3						SAND - medium to coarse grained, trace silt, dry to damp, white to light brown.
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8						Remarks:
9						End boring at ten feet. Ground Water not encountered. No Caving. No unusual odors or soil discoloration.
0						



OWNER Hawker Pacific PROJECT No. 58-8601  
LOCATION 11310 Sherman Way, Sun Valley BORING No. B-3  
DRILLED BY Drill-Line PAGE 1 of 1  
DRILLING METHOD Hollow Stem Auger DATE 12-1-88  
BOREHOLE DEPTH 10 feet BOREHOLE DIA. 8 inches LOGGED BY MM

DEPTH (feet)	BLOW COUNT	CASIECHIDR (ppm hexane)	SAMPLE	GRAPHIC LOG	USCS	DESCRIPTION OF MATERIALS
1						2" Asphaltic Paving
2						SAND - medium to coarse grained, trace silt, damp to moist-moisture increasing with depth, light brown.
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**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105  
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579

LOG NO: P88-12-019

Received: 01 DEC 88

Reported: 09 DEC 88

Mark Miller  
Law Environmental  
3420 N. San Fernando Rd., Suite 200  
Burbank, CA 91504

Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 1

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED				
12-019-1	B-1 1'	01 DEC 88				
12-019-2	B-1 5'	01 DEC 88				
12-019-3	B-1 10'	01 DEC 88				
12-019-4	B-2 1'	01 DEC 88				
12-019-5	B-2 5'	01 DEC 88				
PARAMETER	12-019-1	12-019-2	12-019-3	12-019-4	12-019-5	
Vol.Pri.Poll. (EPA-8240)						
Date Extracted	12/06/88	12/06/88	12/06/88	12/06/88	12/06/88	
Dilution Factor, Times 1	1	1	1	1	1	
1,1,1-Trichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1,2,2-Tetrachloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1,2-Trichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1-Dichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1-Dichloroethylene, ug/kg	<5	<5	<5	<5	<5	
1,2-Dichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,2-Dichlorobenzene, ug/kg	<5	<5	<5	<5	<5	
1,2-Dichloropropane, ug/kg	<5	<5	<5	<5	<5	
1,3-Dichlorobenzene, ug/kg	<5	<5	<5	<5	<5	
cis-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	<5	
1,4-Dichlorobenzene, ug/kg	<5	<5	<5	<5	<5	
2-Chloroethylvinylether, ug/kg	<5	<5	<5	<5	<5	
2-Hexanone, ug/kg	<5	<5	<5	<5	<5	
Acetone, ug/kg	<50	<50	<50	<50	<50	
Acrolein, ug/kg	<50	<50	<50	<50	<50	
Acrylonitrile, ug/kg	<50	<50	<50	<50	<50	
Bromodichloromethane, ug/kg	<5	<5	<5	<5	<5	
Bromomethane, ug/kg	<5	<5	<5	<5	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

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Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 2

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED				
12-019-1	B-1 1'	01 DEC 88				
12-019-2	B-1 5'	01 DEC 88				
12-019-3	B-1 10'	01 DEC 88				
12-019-4	B-2 1'	01 DEC 88				
12-019-5	B-2 5'	01 DEC 88				
PARAMETER	12-019-1	12-019-2	12-019-3	12-019-4	12-019-5	
Benzene, ug/kg	<5	<5	<5	<5	<5	
Chlorobenzene, ug/kg	<5	<5	<5	<5	<5	
Carbon Tetrachloride, ug/kg	<5	<5	<5	<5	<5	
Chloroethane, ug/kg	<5	<5	<5	<5	<5	
Bromoform, ug/kg	<5	<5	<5	<5	<5	
Chloroform, ug/kg	<5	<5	<5	<5	<5	
Chloromethane, ug/kg	<5	<5	<5	<5	<5	
Carbon Disulfide, ug/kg	<5	<5	<5	<5	<5	
Dibromochloromethane, ug/kg	<5	<5	<5	<5	<5	
Ethylbenzene, ug/kg	<5	<5	<5	<5	<5	
Freon 113, ug/kg	<5	<5	<5	<5	<5	
Methyl Isobutyl Ketone, ug/kg	<5	<5	<5	<5	<5	
Methyl Ethyl Ketone, ug/kg	<50	<50	<50	<50	<50	
Methylene Chloride, ug/kg	16	6	6	5	5	
Tetrachloroethylene, ug/kg	<5	<5	<5	<5	<5	
Styrene, ug/kg	<5	<5	<5	<5	<5	
Trichloroethylene, ug/kg	<5	<5	<5	<5	<5	
Trichlorofluoromethane, ug/kg	<5	<5	<5	<5	<5	
Toluene, ug/kg	<5	<5	<5	<5	<5	
Vinyl Acetate, ug/kg	<50	<50	<50	<50	<50	
Vinyl Chloride, ug/kg	<5	<5	<5	<5	<5	



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**REPORT OF ANALYTICAL RESULTS**

Page 3

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED				
12-019-1	B-1 1'	01 DEC 88				
12-019-2	B-1 5'	01 DEC 88				
12-019-3	B-1 10'	01 DEC 88				
12-019-4	B-2 1'	01 DEC 88				
12-019-5	B-2 5'	01 DEC 88				
PARAMETER	12-019-1	12-019-2	12-019-3	12-019-4	12-019-5	
Total Xylene Isomers, ug/kg	<50	<50	<50	<50	<50	
trans-1,2-Dichloroethylene, ug/kg	<5	<5	<5	<5	<5	
trans-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	<5	

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**REPORT OF ANALYTICAL RESULTS**

Page 4

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED			
12-019-6	B-2 10'	01 DEC 88			
12-019-7	B-3 1'	01 DEC 88			
12-019-8	B-3 5'	01 DEC 88			
12-019-9	B-3 10'	01 DEC 88			
PARAMETER	12-019-6	12-019-7	12-019-8	12-019-9	
Vol.Pri.Poll. (EPA-8240)					
Date Extracted	12/06/88	12/06/88	12/07/88	12/07/88	
Dilution Factor, Times 1	1	1	1	1	
1,1,1-Trichloroethane, ug/kg	<5	<5	<5	<5	
1,1,2,2-Tetrachloroethane, ug/kg	<5	<5	<5	<5	
1,1,2-Trichloroethane, ug/kg	<5	<5	<5	<5	
1,1-Dichloroethane, ug/kg	<5	<5	<5	<5	
1,1-Dichloroethylene, ug/kg	<5	<5	<5	<5	
1,2-Dichloroethane, ug/kg	<5	<5	<5	<5	
1,2-Dichlorobenzene, ug/kg	<5	<5	<5	<5	
1,2-Dichloropropane, ug/kg	<5	<5	<5	<5	
1,3-Dichlorobenzene, ug/kg	<5	<5	<5	<5	
cis-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	
1,4-Dichlorobenzene, ug/kg	<5	<5	<5	<5	
2-Chloroethylvinylether, ug/kg	<5	<5	<5	<5	
2-Hexanone, ug/kg	<5	<5	<5	<5	
Acetone, ug/kg	<50	<50	<50	<50	
Acrolein, ug/kg	<50	<50	<50	<50	
Acrylonitrile, ug/kg	<50	<50	<50	<50	
Bromodichloromethane, ug/kg	<5	<5	<5	<5	
Bromomethane, ug/kg	<5	<5	<5	<5	
Benzene, ug/kg	<5	<5	<5	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

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Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 5

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED			
12-019-6	B-2 10'	01 DEC 88			
12-019-7	B-3 1'	01 DEC 88			
12-019-8	B-3 5'	01 DEC 88			
12-019-9	B-3 10'	01 DEC 88			
PARAMETER	12-019-6	12-019-7	12-019-8	12-019-9	
Chlorobenzene, ug/kg	<5	<5	<5	<5	
Carbon Tetrachloride, ug/kg	<5	<5	<5	<5	
Chloroethane, ug/kg	<5	<5	<5	<5	
Bromoform, ug/kg	<5	<5	<5	<5	
Chloroform, ug/kg	<5	<5	<5	<5	
Chloromethane, ug/kg	<5	<5	<5	<5	
Carbon Disulfide, ug/kg	<5	<5	<5	<5	
Dibromochloromethane, ug/kg	<5	<5	<5	<5	
Ethylbenzene, ug/kg	<5	<5	<5	<5	
Freon 113, ug/kg	<5	<5	6	9	
Methyl Isobutyl Ketone, ug/kg	<5	<5	<5	<5	
Methyl Ethyl Ketone, ug/kg	<50	<50	<50	<50	
Methylene Chloride, ug/kg	6	6	6	7	
Tetrachloroethylene, ug/kg	<5	<5	<5	<5	
Styrene, ug/kg	<5	<5	<5	<5	
Trichloroethylene, ug/kg	<5	<5	<5	<5	
Trichlorofluoromethane, ug/kg	<5	<5	<5	<5	
Toluene, ug/kg	<5	<5	<5	<5	
Vinyl Acetate, ug/kg	<50	<50	<50	<50	
Vinyl Chloride, ug/kg	<5	<5	<5	<5	
Total Xylene Isomers, ug/kg	<50	<50	<50	<50	
trans-1,2-Dichloroethylene, ug/kg	<5	<5	<5	<5	

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Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 6

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED			
12-019-6	B-2 10'	01 DEC 88			
12-019-7	B-3 1'	01 DEC 88			
12-019-8	B-3 5'	01 DEC 88			
12-019-9	B-3 10'	01 DEC 88			
PARAMETER	12-019-6	12-019-7	12-019-8	12-019-9	
trans-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

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LOG NO: P88-12-019

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Mark Miller  
Law Environmental  
3420 N. San Fernando Rd., Suite 200  
Burbank, CA 91504

Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 7

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED
12-019-10	B-1 1' BC/QC SPK	01 DEC 88
PARAMETER	12-019-10	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1-Dichloroethylene, Percent	130	
Benzene, Percent	100	
Chlorobenzene, Percent	105	
Trichloroethylene, Percent	85	
Toluene, Percent	105	
Other Vol.Pri.Poll. (EPA-8240)	---	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105  
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579  
LOG NO: P88-12-019

Received: 01 DEC 88  
Reported: 09 DEC 88

Mark Miller  
Law Environmental  
3420 N. San Fernando Rd., Suite 200  
Burbank, CA 91504

Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 8

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED
12-019-11	B-1 1' BC/QC DUP-SPK	01 DEC 88
PARAMETER	12-019-11	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1-Dichloroethylene, Percent	130	
Benzene, Percent	110	
Chlorobenzene, Percent	110	
Trichloroethylene, Percent	90	
Toluene, Percent	110	
Other Vol.Pri.Poll. (EPA-8240)	---	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

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Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 9

LOG NO	SAMPLE DESCRIPTION, NON-SALINE WATER SAMPLES	DATE SAMPLED
12-019-12	Laboratory Control Standard	
PARAMETER	12-019-12	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1,1-Trichloroethane, Percent	95	
1,1,2,2-Tetrachloroethane, Percent	75	
1,1,2-Trichloroethane, Percent	110	
1,1-Dichloroethane, Percent	95	
1,1-Dichloroethylene, Percent	90	
1,2-Dichloroethane, Percent	95	
1,2-Dichlorobenzene, Percent	100	
1,2-Dichloropropane, Percent	90	
1,3-Dichlorobenzene, Percent	100	
cis-1,3-Dichloropropene, Percent	80	
1,4-Dichlorobenzene, Percent	100	
2-Chloroethylvinylether, Percent	90	
2-Hexanone, Percent	105	
Acetone, Percent	85	
Acrolein, Percent	69	
Acrylonitrile, Percent	71	
Bromodichloromethane, Percent	95	
Bromomethane, Percent	160	
Benzene, Percent	90	
Chlorobenzene, Percent	100	
Carbon Tetrachloride, Percent	90	
Chloroethane, Percent	90	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

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Mark Miller  
Law Environmental  
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Burbank, CA 91504

Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 10

LOG NO	SAMPLE DESCRIPTION, NON-SALINE WATER SAMPLES	DATE SAMPLED
12-019-12	Laboratory Control Standard	
PARAMETER	12-019-12	
Bromoform, Percent	75	
Chloroform, Percent	100	
Chloromethane, Percent	80	
Carbon Disulfide, Percent	80	
Dibromochloromethane, Percent	95	
Ethylbenzene, Percent	90	
Freon 113, Percent	85	
Methyl Isobutyl Ketone, Percent	95	
Methyl Ethyl Ketone, Percent	110	
Methylene Chloride, Percent	75	
Tetrachloroethylene, Percent	85	
Styrene, Percent	90	
Trichloroethylene, Percent	95	
Trichlorofluoromethane, Percent	65	
Toluene, Percent	80	
Vinyl Acetate, Percent	55	
Vinyl Chloride, Percent	205	
Total Xylene Isomers, Percent	88	
trans-1,2-Dichloroethylene, Percent	80	
trans-1,3-Dichloropropene, Percent	80	



**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105  
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579

LOG NO: P88-12-019

Received: 01 DEC 88

Reported: 09 DEC 88

Mark Miller  
Law Environmental  
3420 N. San Fernando Rd., Suite 200  
Burbank, CA 91504

Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 11

LOG NO	SAMPLE DESCRIPTION, BLANK WATER SAMPLES	DATE SAMPLED
12-019-13	Reagent Blank	
PARAMETER	12-019-13	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1,1-Trichloroethane, ug/L	<5	
1,1,2,2-Tetrachloroethane, ug/L	<5	
1,1,2-Trichloroethane, ug/L	<5	
1,1-Dichloroethane, ug/L	<5	
1,1-Dichloroethylene, ug/L	<5	
1,2-Dichloroethane, ug/L	<5	
1,2-Dichlorobenzene, ug/L	<5	
1,2-Dichloropropane, ug/L	<5	
1,3-Dichlorobenzene, ug/L	<5	
cis-1,3-Dichloropropene, ug/L	<5	
1,4-Dichlorobenzene, ug/L	<5	
2-Chloroethylvinylether, ug/L	<5	
2-Hexanone, ug/L	<5	
Acetone, ug/L	<50	
Acrolein, ug/L	<50	
Acrylonitrile, ug/L	<50	
Bromodichloromethane, ug/L	<5	
Bromomethane, ug/L	<5	
Benzene, ug/L	<5	
Chlorobenzene, ug/L	<5	
Carbon Tetrachloride, ug/L	<5	
Chloroethane, ug/L	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105  
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579  
LOG NO: P88-12-019

Received: 01 DEC 88  
Reported: 09 DEC 88

Mark Miller  
Law Environmental  
3420 N. San Fernando Rd., Suite 200  
Burbank, CA 91504

Project: 58-8601

**REPORT OF ANALYTICAL RESULTS**

Page 12

LOG NO	SAMPLE DESCRIPTION, BLANK WATER SAMPLES	DATE SAMPLED
12-019-13	Reagent Blank	
PARAMETER	12-019-13	
Bromoform, ug/L	<5	
Chloroform, ug/L	<5	
Chloromethane, ug/L	<5	
Carbon Disulfide, ug/L	<5	
Dibromochloromethane, ug/L	<5	
Ethylbenzene, ug/L	<5	
Freon 113, ug/L	6	
Methyl Isobutyl Ketone, ug/L	<5	
Methyl Ethyl Ketone, ug/L	<50	
Methylene Chloride, ug/L	9	
Tetrachloroethylene, ug/L	<5	
Styrene, ug/L	<5	
Trichloroethylene, ug/L	<5	
Trichlorofluoromethane, ug/L	<5	
Toluene, ug/L	<5	
Vinyl Acetate, ug/L	<50	
Vinyl Chloride, ug/L	<5	
Total Xylene Isomers, ug/L	<50	
trans-1,2-Dichloroethylene, ug/L	<5	
trans-1,3-Dichloropropene, ug/L	<5	

  
Jeffrey A. Erjon, Laboratory Manager



BROWN AND CALDWELL LABORATORIES

373 SOUTH FAIR OAKS AVENUE PASADENA, CA 91105 • (818) 795-7553

January 3, 1989

Mr. Warren Gross  
Law Environmental  
3420 North San Fernando Road, Suite 200  
Burbank, California 91504

Project: 58-8601

Subject: Methylene Chloride Contamination in the Laboratory

Dear Mr. Gross:

As we discussed with the low-level 8240 analyses for Brown and Caldwell Laboratories log number P88-12-019, methylene chloride is a common laboratory contaminant used in several organic sample preparation, including Methods 625 and 608. Although we take special precautions to isolate the use of methylene chloride, we cannot eliminate this compound entirely from the laboratory atmosphere. The levels of methylene chloride vary, not only from day to day, but also from morning to evening, depending upon the type of sample preparation activity taking place in the laboratory. We typically see between 2 and 10 ug/L methylene chloride in our laboratory blanks.

We reported a blank value of 9 ug/L methylene chloride with your report. The sample values ranged from 6 to 16 ug/kg methylene chloride. This is laboratory contamination and this variance is within reason.

Should you have any questions, please do not hesitate to call us.

Very truly yours,

BROWN AND CALDWELL

Jane Freemyer  
Client Services Manager

JF:lah



Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

**GENERATOR**

TRANSPORTER

## FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA DCO 0646257	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Accessory Services 11300 Channing Lane, San Ramon, CA 94583			A. State Manifest Document Number 07040407		
4. Generator's Phone (925) 755-6861			B. State Generator's ID H A H Q B 6 C 2 2 0 6 6		
5. Transporter 1 Company Name KING & KING OIL		6. US EPA ID Number CA 0981423720		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address Sage Hill, CA			10. US EPA ID Number CA T 09 C 01 1 05 7		E. State Transporter's ID
					F. Transporter's Phone
					G. State Facility's ID
					H. Facility's Phone
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. Combustible Liquid Waste Oil & Water NOS. UN 1770			0	1	0
J. Additional Descriptions for Materials Listed Above Waste Oil & Water.			K. Handling Codes for Wastes Listed Above a. RC1 b. c. d.		
15. Special Handling Instructions and Additional Information Rubber Gloves & Safety Glasses					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Jesse Cabern			Signature Jesse Cabern		Month Day Year 10/24/87
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name CONCEPCION ARBERN			Signature Concepcion Arbern		Month Day Year 10/24/87
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name			Signature		Month Day Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <i>CA10101010141257</i>		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.																
3. Generator's Name and Mailing Address <i>Flight Accessory Service 11310 SHERMAN WAY, SAN VALLE, CA 91352</i>						A. State Manifest Document Number <i>87640466</i>																		
4. Generator's Phone <i>(818) 745-6201</i>						B. State Generator's ID <i>CA10101010141257</i>																		
5. Transporter 1 Company Name <i>Kings &amp; King Oil</i>						C. State Transporter's ID <i>CA10101010141257</i>																		
6. US EPA ID Number <i>CA10101010141257</i>						D. Transporter's Phone <i>(213) 429-6502</i>																		
7. Transporter 2 Company Name						E. State Transporter's ID																		
8. US EPA ID Number						F. Transporter's Phone																		
9. Designated Facility Name and Site Address <i>PRI 1835 E. 29th St Signal Hill, CA</i>						G. State Facility's ID <i>CA10101010141257</i>																		
10. US EPA ID Number <i>CA10101010141257</i>						H. Facility's Phone <i>213-565-6597</i>																		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  a. <i>Combustible Liquid Waste Oil + Water NOS. NA 1270</i>  b. <i>TECHNICAL</i>  c.  d. 						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.												
												State <i>221</i>												
												EPA/Other												
												State												
												EPA/Other												
J. Additional Descriptions for Materials Listed Above <i>Waste Oil + Water</i>						K. Handling Codes for Wastes Listed Above a. <i>RD1</i> b. c. d. 																		
15. Special Handling Instructions and Additional Information <i>Rubber Gloves + Safety Goggles</i>																								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																								
Printed/Typed Name <i>Jesse Cabrera</i>					Signature <i>Jesse Cabrera</i>					Month Day Year <i>10/1/89</i>														
17. Transporter 1 Acknowledgement of Receipt of Materials										Printed/Typed Name <i>J. Cabrera</i>					Signature <i>J. Cabrera</i>					Month Day Year <i>10/1/89</i>				
18. Transporter 2 Acknowledgement of Receipt of Materials										Printed/Typed Name					Signature					Month Day Year				
19. Discrepancy Indication Space																								
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										HP 000003														
Printed/Typed Name <i>RECEIVED</i>					Signature <i>RECEIVED</i>					Month Day Year <i>10/1/89</i>														

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CA D00 064 625 7</b>		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailed Address <b>Flight Accessory Service 11318 SHIRMAN WAY SUN VALLEY, CA 91352</b>						A. State Manifest Document Number <b>87556952</b>							
4. Generator's Phone <b>(818) 765-6201</b>						B. State Generator's ID <b>H A 4036 022 066</b>							
5. Transporter 1 Company Name <b>KING + KING OIL</b>						C. State Transporter's ID <b>54 200</b>							
7. Transporter 2 Company Name						D. Transporter's Phone <b>(213) 439-6500</b>							
6. US EPA ID Number <b>CA D981 423 320</b>						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address <b>PRI 1835 E. 27th ST. Signal Hill, Ca</b>						G. State Facility's ID <b>HP 000004</b>							
10. US EPA ID Number <b>CA T 090011 059</b>						H. Facility's Phone <b>(213) 95-6597</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  a. <b>Combustible Liquid WASTE OIL + WATER NOS. NA 1270</b>						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
						No. Type							
												State <b>221</b>	
												EPA/Other	
												State	
												EPA/Other	
												State	
												EPA/Other	
												State	
												EPA/Other	
J. Additional Descriptions for Materials Listed Above <b>WASTE OIL + WATER</b>						K. Handling Codes for Wastes Listed Above							
						a. <b>R01</b>							
						b.							
						c.							
						d.							
15. Special Handling Instructions and Additional Information <b>Rubber Gloves + Safety Glasses.</b>													
16. <b>GENERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <b>Jesse Cabrera</b>					Signature <i>Jesse Cabrera</i>			Month Day Year <b>10/31/1989</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <b>J. Cabrera CARPENA</b>					Signature <i>J. Cabrera Carpena</i>			Month Day Year <b>08/10/89</b>					
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name					Signature			Month Day Year					
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name <b>Loren Brooks</b>					Signature <i>Loren Brooks</i>			Month Day Year <b>10/31/1989</b>					



ease print or type. (Form designed for use on elite (12-pitch typewriter).

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

6 2

Manifest Document No.

2. Page 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

Flight Accessory Services  
11310 Sherman Way Sun Valley, CA 91352

4. Generator's Phone (818) 765-6201

A. State Manifest Document Number

88303411

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 714-983-0342

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Pacific Treatment  
P.O. Box 13626  
San Diego, CA 92113

10. US EPA ID Number

IC A 0 0 9 5 8 9 4 5 5 6

G. State Facility's ID

H. Facility Phone 619-233-0424

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers  
No. Type

13. Total Quantity

14. Unit  
Wt/Vol

L. Waste No.

a. California regulated waste only

0 0 1 1 0 4 0 0 0 6

State 135

EPA/Other N/A

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

water 85-90%  
mud 10-15%  
waste water, sump

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

Wear appropriate personal protective equipment.

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

Erik Johnson

Signature

Month Day Year

11 11 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Dave Dade

Signature

Month Day Year

08 29 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

88303411

GENERATOR

TRANSPORTER

FACILITY

2166-01089

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA 91252		6. US EPA ID Number CATC00064625764156		A. State Manifest Document Number 01040400	
4. Generator's Phone (213) 875 2930		8. US EPA ID Number		B. State Generator's ID H A H Q 3 6 0 2 2 0 6 6	
5. Transporter 1 Company Name KING & KING DRAINCLC AD 981423320		10. US EPA ID Number		C. State Transporter's ID 54200	
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address P.R.I. 1835 E. 29 ST. SIGNAL HILL, CA		D. Transporter's Phone (213) 439 8500	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		E. State Transporter's ID	
a. WASTE WATER & OIL		No. Type 001 TT		F. Transporter's Phone	
b.				G. State Facility's ID	
c.				H. Facility's Phone	
d.					
J. Additional Descriptions for Materials Listed Above		13. Total Quantity		14. Unit Wt/Vol	
		99.505		I. Waste No. State 221 EPA/Other	
15. Special Handling Instructions and Additional Information ROBBER GLOVES, SAFETY GLASSES.		K. Handling Codes for Wastes Listed Above			
		a.		b.	
		c.		d.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name STANLEY G. LASALLE		Signature Stanley G. Lasalle	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name KENNETH T. KING		Signature Kenneth T. King	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space		20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		HP 000006	
Printed/Typed Name		Signature		Month Day Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA 91352		4. Generator's Phone (213) 875-2930		A. State Manifest Document Number 010-0401	
5. Transporter 1 Company Name KING & KING IRON OIL		6. US EPA ID Number CA D981423320		B. State Generator's ID H A H Q 36022066	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 54200	
9. Designated Facility Name and Site Address PRI 1835 E. 31ST. SIGNAL HILL CA		10. US EPA ID Number CA T080011059		D. Transporter's Phone 213 4398500	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. WASTE WATER & OIL		No. Type			
		001 TT 00870 G			
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		I. Waste No.	
		a. b.		State 221	
		c. d.		EPA/Other	
15. Special Handling Instructions and Additional Information LUBRIC GLUCES, SAFETY GLASSES				State	
				EPA/Other	
				State	
				EPA/Other	
				State	
				EPA/Other	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name STANLEY G. L. SALLE		Signature Stanley G. L. Salle		Month Day Year 01/28/88	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name [Signature]		Signature [Signature]		Month Day Year 01/27/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				HP 000007	
Printed/Typed Name		Signature		Month Day Year	

UNIFORM HAZARDOUS  
WASTE MANIFEST

Generator's US EPA ID No.

Manifest  
Document No.2. Page 1  
ofInformation in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICES  
11310 SHEPHERD WAY SUITE 100  
SAN JOSE, CA 95131

4. Generator's Phone

(408) 275-2700

5. Transporter 1 Company Name

KING &amp; KING LIAISON

6.

US EPA ID Number

CALIFORNIA 111-1111

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

FACILITY 111111

10.

US EPA ID Number

SIGNAL HILL CA

CALIFORNIA 111-1111

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total  
Quantity14. Unit  
Wt./Vol

15. Waste No.

a. WASTE WATER AND OIL MDS. NA.  
1270 COMBUSTIBLE LIQUID

201 T, 10, 1350 G

State 221

EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

WASTE OIL AND WATER

K. Handling Codes for Wastes Listed Above

a. RO1

b.

c.

d.

15. Special Handling Instructions and Additional Information

WIPER GLOVES, SAFETY GLASSES

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

FRANK RAGER

Signature

Frank Rager

Month Day Year

11 17 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

J. R. RAGER

Signature

J. R. Rager

Month Day Year

11 17 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

HP 000008

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA0000646257042118

Manifest  
Document No.2. Page 1  
of 1Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICES  
1310 SHEPHERD AVE. SAN JOSE, CA 95128

4. Generator's Phone (415) 776-4301

5. Transporter 1 Company Name

RHO-CHEM CORP.

6. US EPA ID Number

CA00003374432

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

RHO-CHEM CORP.

425 ISID AVE. EMERYVILLE, CALIF. 94601

10. US EPA ID Number

CA00008364432

A. State Manifest Document Number

87758182

B. State Generator's ID

H AHQ36023066

C. State Transporter's ID

810/42

D. Transporter's Phone 213-776-6233

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA00008364432

H. Facility's Phone

213-776-6233

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE CLASSIFIED UNDER NOS NA-1695

12. Containers  
No. Type

7 DM

13. Total  
Quantity

350 G

14. Unit  
Wt/Vol

6

I. Waste No.

State 211

EPA/Other F-001

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

TRI. 111 - WATER + METAL FINES  
80% TRI. 111 12 METAL FINES  
19% WATER

K. Handling Codes for Wastes Listed Above

a. b. c. d.

15. Special Handling Instructions and Additional Information

AERON GLOVES, GOGGLES

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ERIK JOHNSON

Signature

[Signature]

Month Day Year

11 16 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

11 16 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA10999646257		Manifest Document No. 41071216		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11510 CHERMAN WAY, SUN VALLEY CA 91352						A. State Manifest Document Number 01040100							
4. Generator's Phone (213) 375-2930						B. State Generator's ID H1A1H1316022914							
5. Transporter 1 Company Name KING & KING INC						C. State Transporter's ID 544000							
6. US EPA ID Number CA10918114233210						D. Transporter's Phone 213-419-8100							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address F.R.I., 1835 E. 29 ST. SIGNAL HILL, CA.						10. US EPA ID Number CA10809111059							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. CARBON TETRAHYDRAIDE LIQUID WASTE OIL + WATER ACS. 4.2. 1270						991 TIT		17510 G		6		State 221	
												EPA/Other	
												State	
												EPA/Other	
b.						11		11111		11111		State	
												EPA/Other	
												State	
												EPA/Other	
c.						11		11111		11111		State	
												EPA/Other	
												State	
												EPA/Other	
d.						11		11111		11111		State	
												EPA/Other	
												State	
												EPA/Other	
J. Additional Descriptions for Materials Listed Above <del>RUBBER GLOVES &amp; SAFETY GLASSES</del>						K. Handling Codes for Wastes Listed Above a. 101 b. c. d.							
15. Special Handling Instructions and Additional Information RUBBER GLOVES & SAFETY GLASSES													
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Printed/Typed Name ERIK K JOHNSON						Signature Erik K Johnson				Month Day Year 10/17/92			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name [Signature]						Signature [Signature]				Month Day Year 10/17/92			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name						Signature				Month Day Year			

HP 000010

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. CA1D100016141621517014121d9		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CAL. 91352						A. State Manifest Document Number 87046462									
4. Generator's Phone (818) 765-6201						B. State Generator's ID H1A1H1Q31A1D2121d6161									
5. Transporter 1 Company Name KING & KING OIL			6. US EPA ID Number CA1D10191211141213131210			C. State Transporter's ID		D. Transporter's Phone 213-5839-8500							
7. Transporter 2 Company Name						E. State Transporter's ID		F. Transporter's Phone							
9. Designated Facility Name and Site Address P.R.I. 1835 E. 29TH ST, SIGNAL HILL CA 10AT0801A111059						10. US EPA ID Number		G. State Facility's ID CA10800A111059							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity							
						No.		Type		Unit Wt/Vol		Waste No.			
						a.		WASTE OIL N.O.S., N.A. 1270		001		1325 G		State EPA/Other 271	
						b.		COMBUSTIBLE LIQUID						State EPA/Other	
						c.								State EPA/Other	
J. Additional Descriptions for Materials Listed Above WASTE OIL & WATER						K. Handling Codes for Wastes Listed Above a. RO1 c. d.									
15. Special Handling Instructions and Additional Information RUBBER GLOVES, SAFETY GLASSES															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name ERIK JOHNSON					Signature <i>Erik Johnson</i>			Month Day Year 10/4/25/88							
17. Transporter 1 Acknowledgement of Receipt of Materials															
Printed/Typed Name J. C. ...					Signature <i>J. C. ...</i>			Month Day Year 10/4/25/88							
18. Transporter 2 Acknowledgement of Receipt of Materials															
Printed/Typed Name					Signature			Month Day Year							
19. Discrepancy Indication Space															
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name VIP TRIPPLE Signature <i>VIP Triple</i> Month Day Year 10/4/25/88															

DS 8022 A (1/87)

EPA 8700-22

(rev. 9-86) Previous editions are obsolete.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

Please print or type. (Form designed for use on elite (12-pitch typewriter).

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. C1A1D1010161416121517016101918		Manifest Document No. 016101918		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICE 1010 SHERMAN WAY SAN VALLEY, CAL. 9562						A. State Manifest Document Number 87645464											
4. Generator's Phone (916) 7-1-1000						B. State Generator's ID H1A1H1Q13161012121016181											
5. Transporter 1 Company Name DISPOSAL CONTROL			6. US EPA ID Number 11A1710121010131411614			C. State Transporter's ID 809931			D. Transporter's Phone 700-824-3445								
7. Transporter 2 Company Name						8. US EPA ID Number			E. State Transporter's ID								
9. Designated Facility Name and Site Address DE MENNO-SELTON 2000 N. ... COMPTON CALIF. 91722						10. US EPA ID Number			G. State Facility's ID								
						H. Facility's Phone 714-537-7100											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARDOUS WASTE ... b. ... c. ... d. ...						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.					
						No.		Type						State		EPA/Other	
														State		EPA/Other	
														State		EPA/Other	
														State		EPA/Other	
J. Additional Descriptions for Materials Listed Above HAZARDOUS WASTE ...						K. Handling Codes for Wastes Listed Above a. ... b. ... c. ... d. ...											
15. Special Handling Instructions and Additional Information																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ERIK JOHNSON						Signature <i>Erik Johnson</i>			Month Day Year 10/6/23/88								
17. Transporter 1 Acknowledgement of Receipt of Materials																	
Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>			Month Day Year 10/6/23/88								
18. Transporter 2 Acknowledgement of Receipt of Materials																	
Printed/Typed Name						Signature			Month Day Year								
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.																	
Printed/Typed Name						Signature			Month Day Year								

GENERATOR

TRANSPORTER

DR FACILITY



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICE 11310 SHERMAN WAY, SUN VALLEY, CALIF		4. Generator's Phone 818-745-5701		A. State Manifest Document Number 87643475	
5. Transporter 1 Company Name DISPOSAL CONTROL		6. US EPA ID Number K1A1D1D1D1D1D1D1D1D1		B. State Generator's ID H1A1H0B16D2R0161	
7. Transporter 2, Company Name		8. US EPA ID Number		C. State Transporter's ID 809885	
9. Designated Facility Name and Site Address CASMALIA RESOURCE MANAGEMENT NTU ROAD CASMALIA, CA 97429		10. US EPA ID Number K1A1D1D1D1D1D1D1D1D1		D. Transporter's Phone 800-824-3545	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
a. HAZARDOUS WASTE SOLID NOS-ORM-E, N.A. 9189		0103 DM		14. Unit Wt/Vol	
b.				15. Waste No. State 352 EPA/Other N/A	
c.				State EPA/Other	
d.				State EPA/Other	
J. Additional Descriptions for Materials Listed Above CHLORINATED SOLVENTS - 3.999.61 PPM. OIL + GREASE - 5.09 mg/kg.		K. Handling Codes for Wastes Listed Above a. b. c. 63 d.			
15. Special Handling Instructions and Additional Information RUBBER GLOVES, SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ERIK JOHNSON		Signature <i>Erik Johnson</i>		Month Day Year 10/12/87	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Jimmy Lizardo		Signature <i>Jimmy Lizardo</i>		Month Day Year 10/12/87	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Casmalia Resources		Signature <i>Annis Fraley</i>		Month Day Year 10/12/87	

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CA D00064625746455</b>		Manifest Document No. <b>5</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>FLIGHT ACCESSORY SERVICES 11210 SHERMAN WAY, SUN VALLEY CA</b>						A. State Manifest Document Number <b>87646455</b>			
4. Generator's Phone <b>(213) 875-2930</b>						B. State Generator's ID <b>41AHQ360220169</b>			
5. Transporter 1 Company Name <b>RHO-CHEM</b>			6. US EPA ID Number <b>CA D0008364432</b>			C. State Transporter's ID <b>010187</b>		D. Transporter's Phone <b>213-776-6233</b>	
7. Transporter 2 Company Name			8. US EPA ID Number			E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address <b>RHO-CHEM CORP. 425 ISIS AVE. INGLEWOOD CALIF 90301</b>						G. State Facility's ID <b>CA D0008364432</b>			
10. US EPA ID Number <b>CA D0008364432</b>						H. Facility's Phone <b>213-776-6233</b>			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
						No. Type		14. Unit Wt/Vol	
a. WASTE ORM-A LIQUID NOS						13 DM		1145 G	
N.A. 1693								State 211	
b. WASTE FLAMABLE LIQUID						12 DM		1145 G	
UN 1255								State 213	
c.								EPA/Other D-001	
d.								State	
								EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
11a. TR1 111 80% WATER 19% METAL FINES						01		01	
11b Petroleum Naphtha 90% Toluene 10%									
15. Special Handling Instructions and Additional Information <b>ATKON GLOVES, GOGGLES</b>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name <b>ERIK JOHNSON</b>						Signature <b>ERIK JOHNSON</b>		Month Day Year <b>355572 11/1/88</b>	
17. Transporter Acknowledgement of Receipt of Materials									
Printed/Typed Name <b>Anthony Williams</b>						Signature <b>Anthony Williams</b>		Month Day Year	
18. Transporter Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name <b>Cosme Carreras</b>						Signature <b>Cosme Carreras</b>		Month Day Year <b>1981988</b>	

8022 A (1/87)

7700-22

9-88 Previous editions are obsolete.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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Please print or type. (Form designed for use on elite (12-pitch typewriter).

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>LA101016462573181618</b>		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address <b>FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY SUN VALLEY CA. 91352</b>		4. Generator's Phone <b>(913) 875-2936</b>		A. State Manifest Document Number <b>87553868</b>		B. State Generator's ID <b>HA101361012101614</b>	
5. Transporter 1 Company Name <b>KING &amp; KING DRAIN OIL</b>		6. US EPA ID Number <b>CA109181145131610</b>		C. State Transporter's ID <b>54200</b>		D. Transporter's Phone <b>(213) 439-8500</b>		E. State Transporter's ID <b>7</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID <b>CA101810101110159</b>		H. Facility's Phone	
9. Designated Facility Name and Site Address <b>PRI 1835 E. 29TH ST SIGNAL HILL CA.</b>		10. US EPA ID Number <b>CA101810101110159</b>		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <b>a. WASTE WATER &amp; OIL NOS NA 1270 Combustible Liquid</b>				No.		Type		I. Waste No.	
				001		TIT		01300 221	
b.								State EPA/Other	
								State EPA/Other	
c.								State EPA/Other	
								State EPA/Other	
d.								State EPA/Other	
								State EPA/Other	
J. Additional Descriptions for Materials Listed Above <b>WASTE OIL &amp; WATER</b>				K. Handling Codes for Wastes Listed Above a. <b>RO1</b>		b.		c.	
15. Special Handling Instructions and Additional Information <b>RUBBER GLOVES, SAFETY GLASSES</b>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.				Printed/Typed Name <b>FRED SEYMOUR</b>		Signature <i>Fred Seymour</i>		Month Day Year <b>10/9/21/88</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>KENNETH T. KING</b>		Signature <i>Kenneth T. King</i>		Month Day Year <b>10/9/21/88</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				Printed/Typed Name <b>Pete Mach</b>		Signature <i>Pete Mach</i>		Month Day Year <b>09/21/88</b>	

HP 000015

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA20001014162577 10002

Manifest  
Document No.

2. Page 1

of 5

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

**Flight Accessory Services****11310 Sherman Way, Sun Valley, CA 91352**

4. Generator's Phone

**818 765-6201**

5. Transporter 1 Company Name

**Disposal Control**

6. US EPA ID Number

ICAT080034184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

**Kettleman Hills Facility****35251 Skyline Rd.****Kettleman Hill City, CA**

10. US EPA ID Number

ICAT00616117

A. State Manifest Document Number

**88076222**

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

CA20001014161171

(915) 56-1711

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total  
Quantity14. Unit  
Wt/Vol

1. Waste No.

a. **Hazardous Waste Solid R.Q.  
NOS-ORM-E-NA 9189**

11

DIN

10006

Y

State

181

EPA/Other

F006/D006

State

181

EPA/Other

F006/D006

State

181

EPA/Other

F006/D006

State

181

EPA/Other

F006/D006

State

181

EPA/Other

F006/D006

State

181

J. Additional Descriptions for Materials Listed Above

A) See Profile E-65266

B) See Profile J-15003

C) See Profile J-15004

D) See Profile J-15002

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

**Gloves, Goggles**

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

**Erik Johnson**

Signature

*Erik Johnson*

Month Day Year

12 9 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

**Michael B. Uhl**

Signature

*Michael B. Uhl*

Month Day Year

12 9 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6666 CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

## Instructions on the Back

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. C A D 0 0 0 0 6 4 6 2 5 7		Manifest Document No. 9 0 0 0 1		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address <b>Flight Accessory Services</b> <b>11310 Sherman Way, Sun Valley, CA 91352</b>						A. State Manifest Document Number <b>88076223</b>							
4. Generator's Phone ( <b>818 765-6201</b> )						B. State Generator's ID <b>HAHQ36022066</b>							
5. Transporter 1 Company Name <b>Disposal Control Service</b>						C. State Transporter's ID <b>707068</b>							
6. US EPA ID Number <b>C A T 0 8 0 0 3 4 1 8 4</b>						D. Transporter's Phone <b>1-800-824-3345</b>							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address <b>Casmalia Resource Management</b> <b>RTU Road</b> <b>Casmalia, CA 93429</b>						G. State Facility's ID <b>C A D 0 2 0 7 4 8 1 2 5</b>							
10. US EPA ID Number <b>K A D P R 0 7 4 8 1 2 5</b>						H. Facility's Phone <b>1-805-937-8449</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. <b>Hazardous Waste Solid R.Q.</b> <b>ROC-CHM-B-NA 9189</b>						1		140 1/4 Y				State <b>181</b> EPA/Other <b>D006</b>	
b. <b>Hazardous Waste Solid R.Q.</b> <b>ROC-CHM-B-NA 9189</b>						2		140 1/2 Y				State <b>181</b> EPA/Other <b>D006</b>	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above <b>A) See Attached Analysis</b> <b>B) See Attached Analysis</b>  <b>cc. 44</b>						K. Handling Codes for Wastes Listed Above a. b. c. d.							
15. Special Handling Instructions and Additional Information <b>Gloves, Goggles</b>													
16. <b>GENERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <b>Erik Johnson</b>						Signature <i>Erik Johnson</i>				Month Day Year <b>07 07 88</b>			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <b>Michael B. VanAlstine</b>						Signature <i>Michael B. VanAlstine</i>				Month Day Year			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature				Month Day Year			

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-862-7550

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

4. Generator's Phone ( ) 71 1-2000

6. US EPA ID Number

B. State Generator's ID

5. Transporter 1 Company Name

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

E. State Transporter's ID

9. Designated Facility Name and Site Address

10. US EPA ID Number

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total  
Quantity14. Unit  
Wt/VolL  
Waste No.

a. CONTAINERIZED LIQUID

WASTE OIL + WATER

No.

Type

113026

State

EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

WASTE OIL - WATER

K. Handling Codes for Wastes Listed Above

a. 201

b.

c.

d.

15. Special Handling Instructions and Additional Information

WASTE OIL - WATER + WATER

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

Signature

Month Day Year

ERIC JOHNSON

[Signature]

10/1/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

JOHNSON, GARRON

[Signature]

10/1/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

Do Not Write Below This Line

YELLOW: GENERATOR RETAINS

88076221  
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550  
GENERATOR  
TRANSPORTER  
FACILITY

Instructions on the Back

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICE  
11310 SHERMAN WAY, SUN VALLEY CAL

4. Generator's Phone (213) 765-4201

91252

5. Transporter 1 Company Name

KING & KING OIL

6. US EPA ID Number

KIAID181142313210

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

RRI, 1835 E. 29TH ST  
SIGNAL HILL, CALIF.

10. US EPA ID Number

KATID18100111059

A. State Manifest Document Number

88076220

B. State Generator's ID

HIAHQ316121210161

C. State Transporter's ID

54280

D. Transporter's Phone

213-439-2500

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CATID18100111059

H. Facility's Phone

1-213-545-4597

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers  
No. Type

13. Total  
Quantity

14. Unit  
Wt/Vol

1. Waste No.

a. COMBUSTIBLE LIQUID  
WASTE OIL ADS, NA 1270

2011110105125 G

State  
221  
EPA/Other

b.

State  
EPA/Other

c.

State  
EPA/Other

d.

State  
EPA/Other

J. Additional Descriptions for Materials Listed Above

WASTE OIL & WATER

K. Handling Codes for Wastes Listed Above

a. RO1

c.

d.

15. Special Handling Instructions and Additional Information

RUBBER GLOVES, SAFETY GLASSES

16.

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Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CA0000646257</b>		Manifest Document No. <b>11/2/88</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address <b>FLAK AGENCY SERVICE 11370 SHIMM WAY SAN VITO, CA 95722</b>						A. State Manifest Document Number <b>87333372</b>							
4. Generator's Phone (916) 745-1701						B. State Generator's ID <b>H A H Q 3 6 0 3 2 0 6 6</b>							
5. Transporter 1 Company Name <b>KING + KING OIL</b>						C. State Transporter's ID <b>54200</b>							
6. US EPA ID Number <b>CA0005140232</b>						D. Transporter's Phone (916) 437-4500							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address <b>KRI, 1234 E. 21st St. STANFILL, CALIF</b>						G. State Facility's ID <b>CA70800110571</b>							
10. US EPA ID Number <b>CA70800110571</b>						H. Facility's Phone <b>1-213-595-6577</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						No.	Type						
a. <b>COMBUSTIBLE LIQUID WASTE OIL N.O.S. NA 1270</b>						901		TT		400		State <b>221</b>	
												EPA/Other	
b.												State	
												EPA/Other	
c.												State	
												EPA/Other	
d.												State	
												EPA/Other	
J. Additional Descriptions for Materials Listed Above <b>WASTE OIL + WATER</b>						K. Handling Codes for Wastes Listed Above							
						a. <b>RC1</b>							
						b.							
						c.							
						d.							
15. Special Handling Instructions and Additional Information <b>Rubber Gloves, SAFETY GLASSES</b>													
16. <b>GENERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <b>Jesse Carrera</b>						Signature <i>Jesse Carrera</i>				Month Day Year <b>11/2/88</b>			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <b>J. CONNOR CARRERA</b>						Signature <i>J. Connor Carrera</i>				Month Day Year <b>11/2/88</b>			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
HP 000020													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature				Month Day Year			



H88-2166

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. C A D 0 0 0 6 4 6 2 5 7		Manifest Document No. 0 1 0 1 0 1 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way Sun Valley, CA 91352						A. State Manifest Document Number 87553871			
4. Generator's Phone (818) 765-6201						B. State Generator's ID H I A H 9 1 6 0 2 2 0 6 6			
5. Transporter 1 Company Name Disposal Control Ser				6. US EPA ID Number I C A T 0 1 8 1 0 1 3 4		C. State Transporter's ID 907057/910211			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 1-800-824-3345			
9. Designated Facility Name and Site Address Pacific Treatment 2190 Main St. San Diego, CA 92113						E. State Transporter's ID			
10. US EPA ID Number I C A D 0 9 5 8 9 4 5 5 6						F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. Hazardous Waste Solid RQ Nos. ORM-E-NA 9189						12. Containers No. Type 01218 DIN		13. Total Quantity 010101017	
								14. Unit Wt/Vol	
								I	
								State 181	
								EPA/Other DOCS/DO 7	
J. Additional Descriptions for Materials Listed Above A. See Profile 82-0977						K. Handling Codes for Wastes Listed Above a. 99 5146 b. c. d.			
15. Special Handling Instructions and Additional Information Gloves, Goggles									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name ERIK JOHNSON				Signature <i>Erik Johnson</i>				Month Day Year 11/21/91818	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name Jimmy Lizarado				Signature <i>Jimmy Lizarado</i>				Month Day Year 11/21/91818	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space 1343.7y - ≈ 2800p									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Bob M. Miller									
Signature <i>Bob Miller</i>				Month Day Year 11/22/91818					

Please print or type. (Form designed for use on elite (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way, Sun Valley, CA 91352		4. Generator's Phone ( 888 765-6201		A. State Manifest Document Number 87553870	
5. Transporter 1 Company Name Disposal Control Ser.		6. US EPA ID Number 1C1A1T1018101013111814		B. State Generator's ID H1A1H1013161012121016161	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID Q10211	
9. Designated Facility Name and Site Address Kettleman Hills Facility 35251 Skyline Rd. Kettleman Hill City, CA		10. US EPA ID Number 1C1A1T101010101611117		D. Transporter's Phone 1-800-824-3345	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Solid Rq. Nos. ORM-E-NA 9189		No. Type 225 DM		17	Y
b. Hazardous Waste Solid Rq. Nos. ORM-E-NA- 9189		995 DM		12	Y
c.					
d.					
J. Additional Descriptions for Materials Listed Above a. See Profile J-15004 b. See Profile H-65208		K. Handling Codes for Wastes Listed Above a.		b.	
15. Special Handling Instructions and Additional Information Gloves, Goggles		c.		d.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ERIC JOHNSON		Signature <i>[Signature]</i>		Month Day Year 11/12/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month Day Year 11/21/88	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
19. Discrepancy Indication Space TSDF Chemical Waste Management Inc. 11a. Not accepted 35251 Old Skyline Rd. Kettleman City, CA 93239					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name John Kidwell		Signature <i>[Signature]</i>		Month Day Year 11/21/88	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 0 6 4 6 2 5 7		Manifest Document No. 25000		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address <b>Flight Accessory Services</b> 11310 Sherman Way, Sun Valley, CA 91352						A. State Manifest Document Number <b>01553809</b>							
						B. State Generator's ID <b>H A H 0 3 6 9 2 2 9 6 6</b>							
4. Generator's Phone (818) 765-6201						C. State Transporter's ID <b>7702</b>							
5. Transporter 1 Company Name <b>Disposal Control Ser.</b>						D. Transporter's Phone <b>1-800-824-3345</b>							
6. US EPA ID Number <b>C A T 0 8 0 0 3 4 1 8 4</b>						E. State Transporter's ID							
7. Transporter 2 Company Name						F. Transporter's Phone							
8. US EPA ID Number						G. State Facility's ID <b>C A D 0 2 0 7 4 8 1 2 5</b>							
9. Designated Facility Name and Site Address <b>Casmalia Resource Management</b> <b>Ntu Road</b> <b>Casmalia, CA 93429</b>						H. Facility's Phone <b>1-805-937-8449</b>							
10. US EPA ID Number <b>C A D 0 2 0 7 4 8 1 2 5</b>													
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. <b>Hazardous Waste Solid Fq. Nos.</b> <b>ORM-E-NA 9189</b>						<b>004 D M</b>		<b>1</b>		<b>1</b>		State <b>181</b>	
												EPA/Other <b>D006</b>	
b. <b>Hazardous Waste Solid Rq. Nos.</b> <b>ORM-E-NA 9189</b>						<b>004 D M</b>		<b>1</b>		<b>1</b>		State	
												EPA/Other	
c.												State	
												EPA/Other	
d.												State	
												EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a. <b>See Attached Analysis</b> b. <b>Production Trash P.U.C. Tapes</b>  cc						a.							
						b.							
						c.							
						d.							
15. Special Handling Instructions and Additional Information <b>Gloves, Goggles</b>													
16. <b>GENERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <b>ERIC JOHNSON</b>						Signature <i>[Signature]</i>						Month Day Year <b>11 2 88</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <b>James P. Smith Sr</b>						Signature <i>[Signature]</i>						Month Day Year <b>11 2 88</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature						Month Day Year	

or type. (Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1  
of

Information in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

86507987

B. State Generator's ID

C4TCC0646257

C. State Transporter's ID

50200

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT090011059

H. Facility's Phone

213-595-6597

4. Generator's Phone ( ) - -

5. Transporter 1 Company Name

KING & KING WASTE OIL

6. US EPA ID Number

CAD9B142332P

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

PAI 1111-2111 ST.

10. US EPA ID Number

CAT090011059

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

WASTE OIL NOS 114 1270

CONTAINER 114 110

12. Containers  
No. Type

WASTE OIL 221

13. Total  
Quantity

14. Unit  
Wt/Vol

1. Waste No.

J. Additional Descriptions for Materials Listed Above

WASTE OIL

WATER

K. Handling Codes for Wastes Listed Above

FOI

15. Special Handling Instructions and Additional Information

GLOVES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

LEW AUGUSTINE

Signature

[Signature]

Month Day Year

02 12 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

HELEN T. KING

Signature

[Signature]

Month Day Year

02 22 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

ETEC MAJORIO

Signature

[Signature]

Month Day Year

02 22 87

86507987

GENERATOR

TRANSPORTER

FACILITY

base print or type. (Form designed for use on elite (12-pitch) typewriter.)

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1  
of

Information in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

86132974

4. Generator's Phone (213) 575-1157

B. State Generator's ID

CAD 981423320

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

KING-KING D&S CO

10421114-13210

D. Transporter's Phone 213-439-3500

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

PRINCE E WELT  
SACRAMENTO CA

10421114-13210

CAT 030011059

H. Facility's Phone

213-575-6577

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total  
Quantity

14. Unit  
Wt/Vol

15. Waste No.

a. WASTE OIL & WATER NOS NA1210  
CO. 2 TABLE LIGAND

10421114-13210 221

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

WASTE OIL  
WATER

R.O.I.

15. Special Handling Instructions and Additional Information

RUBBER GLOVES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

Signature

Month Day Year

LEWIS AUGUSTINE

[Signature]

11/1/85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

[Signature]

[Signature]

11/1/85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

[Signature]

86132974

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address <b>FLIGHT ACCESSORY SERVICES</b> <b>11310 Sherman Way</b> <b>Sun Valley, CA</b>				4. Generator's Phone <b>213 875-2930</b>		A. State Manifest Document Number <b>86126098</b>							
5. Transporter 1 Company Name <b>CHEM-RAN PUMPING SERVICES, INC.</b>				6. US EPA ID Number <b>AD 9 8 07 36 4 25</b>		B. State Generator's ID <b>S-B-001-365857826</b>							
7. Transporter 2 Company Name				8. US EPA ID Number		C. State Transporter's ID <b>709055</b>							
9. Designated Facility Name and Site Address <b>CASMALIA RESOURCES</b> <b>NTU ROAD</b> <b>CASMALIA, CA</b>				10. US EPA ID Number <b>C AD 0 20 7 48 1 25</b>		D. Transporter's Phone <b>213 291-9508</b>							
						E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone <b>805 937-8449</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <b>WASTE POISONOUS SOLID, N.O.S., POISON UN 02811</b>						008 DM		01600		P		181	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above <b>Nickel chloride 20%</b> <b>Cyanide 2%</b> <b>Absorbent 78%</b>						K. Handling Codes for Wastes Listed Above <b>03/P009</b>							
15. Special Handling Instructions and Additional Information <b>Gloves</b>													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.													
Printed/Typed Name <b>LEW AUGUSTINE</b>						Signature 						Month Day Year <b>11-11-97</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials						18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name <b>RUDY GILLIAM, DRIVER</b>						Signature 						Month Day Year <b>11-11-97</b>	
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature						Month Day Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address				A. State Manifest Document Number <b>86132973</b>	
4. Generator's Phone ( ) - -				B. State Generator's ID <b>640 781423320</b>	
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID <b>54200</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <b>213 434-8500</b>	
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID <b>047080011051</b>	
				H. Facility's Phone <b>213-575-6577</b>	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol
			No.	Type	
a. <b>WASTE OIL</b>			<b>1</b>	<b>175</b>	<b>6</b>
b. <b>WASTE</b>					
c.					
d.					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above		
<b>WASTE OIL</b> <b>WASTE</b>			<b>R.C.I</b>		
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name			Signature		Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name			Signature		Month Day Year

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address						A. State Manifest Document Number <b>86132972</b>			
4. Generator's Phone ( )						B. State Generator's ID <b>CA 000011051</b>			
5. Transporter 1 Company Name			6. US EPA ID Number			C. State Transporter's ID			
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone			
9. Designated Facility Name and Site Address			10. US EPA ID Number			E. State Transporter's ID			
						F. Transporter's Phone			
						G. State Facility's ID			
						H. Facility's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
						No. Type		14. Unit Wt/Vol	
a. <b>WASTE OIL</b>						1		221	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
<b>WASTE OIL</b>						<b>RT1</b>			
<b>WATER</b>									
15. Special Handling Instructions and Additional Information									
<b>WASTE OIL</b>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name					Signature				
					Month Day Year				
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name					Signature				
					Month Day Year				
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name					Signature				
					Month Day Year				
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name					Signature				
					Month Day Year				

86132972



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 1310 SHERMAN WAY SUN VALLEY CA 91357		1. Generator's US EPA ID No. CA101010164612517		A. State Manifest Document Number 86132975	
4. Generator's Phone (213) 875-2930		6. US EPA ID Number CA101010164612517		B. State Generator's ID CA000646257	
5. Transporter 1 Company Name RHO CHEM CORP.		8. US EPA ID Number CA101010164612517		C. State Transporter's ID CA000646257	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 776-6233	
9. Designated Facility Name and Site Address RHO CHEM 425 JASIS AVE INGLEWOOD CA 90301		10. US EPA ID Number CA101010164612517		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA000646257	
				H. Facility's Phone 213-776-6233	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. 466 TRICHLOROETHANE WASTE ORM-A LIQUID NA1693		0104	DM	01021010	6AL
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above HA TRICHLOROETHANE - 90% OIL - - - - - 10%		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information GLOVES & GOGGLES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name		Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA101000641612517		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11210 SHERMAN WAY SUN VALLEY CA. 91352						A. State Manifest Document Number 86132969							
4. Generator's Phone (213) 875-2930						B. State Generator's ID CA0981423320							
5. Transporter 1 Company Name KING & KING DRAIN OIL						C. State Transporter's ID 54200							
6. US EPA ID Number CA1019811423320						D. Transporter's Phone 213-439-8580							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address P.R.I. 1835 E. 29th STREET SIGNAL HILL CA						G. State Facility's ID CAT 080011059							
10. US EPA ID Number CA11018101110579						H. Facility's Phone 213-595-6597							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
WASTE OIL & WATER NOS NA 1270						No. Type							
						001 TR		00500				221	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
WASTE OIL & WATER						R.O.I.							
15. Special Handling Instructions and Additional Information RUBBER GLOVES - SAFETY GLASSES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.													
Printed/Typed Name LEWIS AUGUSTINE						Signature Lewis Augustine				Month Day Year 12/14/85			
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year 12/14/85			
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature				Month Day Year			

86132969

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

Flight Accessory Services  
11310 Sherman Way

4. Generator's City, State, and ZIP Code

(213) 875-2930

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

Casmalia Resources  
NTU Road  
Casmalia, Ca. 92429

A. State Manifest Document Number

87185524

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers  
No. Type

13. Total Quantity

14. Unit  
Wt/Vol

I. Waste No.

a.

Hazardous Waste, Solid, N.C.S., ORM-E, NA79139

01012 PLM 010141010 P

State

EPA/Other

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

Chrome (3) 2%  
Absorbant 98%

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

Wear gloves

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

061081817

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Edward Macke...

Signature

Edward Macke...

Month Day Year

061081817

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way Sun Valley, Ca. 213-875-2930		C A D Q 0 0 6 4 6 2 5		A. State Manifest Document Number 87185543		
5. Transporter 1 Company Name Chem-Ran Pumping Services Inc		6. US EPA ID Number GAD 980 736 425		B. State Generator's ID EXEMPT		
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 709055		
9. Designated Facility Name and Site Address Casmalia Resources Inc RTD Road Casmalia, Ca		10. US EPA ID Number C AD 020748125		D. Transporter's Phone 213-291-9508		
				E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID C A D 0 2 0 7 4 8 1 2 5		
				H. Facility's Phone 805-937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA9189		00 16	DM 0	1000	P	State 181 EPA/Other 0000
b.						State EPA/Other
c.						State EPA/Other
d.						State EPA/Other
J. Additional Descriptions for Materials Listed Above Nickel Chloride 25 % Absorbent 75 %		K. Handling Codes for Wastes Listed Above a. 03		b.		
15. Special Handling Instructions and Additional Information Wear appropriate safety attire		c.		d.		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Lew Augustine		Signature <i>Lew Augustine</i>		Month Day Year 10/7/09/87		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Joe Davidson		Signature <i>Joe Davidson</i>		Month Day Year 10/7/09/87		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name						
Signature		Month Day Year				

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1  
of

Information in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

**86132978**

4. Generator's Phone ( ) -

B. State Generator's ID

**CAID 000646257**

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

**54200**

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

**213-437-5500**

9. Designated Facility Name and Site Address

10. US EPA ID Number

E. State Transporter's ID

**CAID 030011059**

F. Transporter's Phone

**213-595-6597**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers  
No. Type

13. Total  
Quantity

14. Unit  
Wt/Vol

15. Waste No.

a. WASTE OIL & WATER NO. 1111  
C. 11111111111111111111

11111111111111111111

211

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

WASTE OIL & WATER

R.O.I.

15. Special Handling Instructions and Additional Information

RECEIVED BY: [Signature]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

Signature

Month Day Year

[Signature]

[Signature]

11/1/17

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

[Signature]

[Signature]

11/1/17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

[Signature]

[Signature]

11/1/17

86132978

(Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1  
of

Information in the shaded areas  
is not required by Federal  
law.

Generator's Name and Mailing Address

A. State Manifest Document Number

**86132977**

B. State Generator's ID

**C4D 0006 46257**

C. State Transporter's ID

**54200**

D. Transporter's Phone

**212-479-9500**

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

**CAT 080011059**

H. Facility's Phone

**212-595-6597**

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

15. Waste No.

**WASTE OIL & WATER  
COMBUSTIBLE LIQ ID**

**NR 4 1270**

**6 11 TIT 6 13 6 6**

**6**

**221**

J. Additional Descriptions for Materials Listed Above

**WASTE OIL & WATER**

K. Handling Codes for Wastes Listed Above

**R.O. 1.**

15. Special Handling Instructions and Additional Information

**RUBBER GLOVES / GLOVES / GLOVES**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

Signature

Month Day Year

**LEI H. H. H. H. H.**

**LEI H. H. H. H. H.**

**10/12/17**

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

86132977

GENERATOR

TRANSPORTER

FACILITY

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

C.A.D. 0.0.0. 6.4.6257

Manifest  
Document No.2. Page 1  
ofInformation in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICES

11310 SHERMAN WAY, SUN VALLEY CA 91352

4. Generator's Phone ( 213 ) 875-2930

5. Transporter 1 Company Name

KING &amp; KING DRAIN OIL

6. US EPA ID Number

CAD981423320

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

P.R.I. 1835 E. 29th. STREET  
SIGNAL HILL CA

10. US EPA ID Number

CAT080011059

A.State Manifest Document Number

84610019

B.State Generator's ID

CAD981423320

C.State Transporter's ID: 34200

D.Transporter's Phone 213-439-8500

E.State Transporter's ID

F.Transporter's Phone

G.State Facility's ID

CAT080011059

H.State Facility's Phone

213-439-8500

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE OIL &amp; WATER NOS NA 1270

12.Containers  
No. Type

001

TT

13.  
Total  
Quantity

700 G

14.  
Unit  
Wt/Vol

G

Waste No.

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E  
R  
A  
T  
O  
R

J. Additional Descriptions for Materials Listed Above

WASTE OIL &amp; WATER

K.Handling Codes for Wastes Listed Above

N.O.I.

15. Special Handling Instructions and Additional Information

RUBBER GLOVES - SAFETY GLASSES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name  
STAN G. LA SALLE

Signature

Stanley G. La Salle

Date  
Month Day Year  
.8 | 20 | 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

2 CORRECTION CARPENTER

2 CORRECTION CARPENTER

Date  
Month Day Year  
8 | 20 | 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date  
Month Day Year  
| | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

P.R.I. 1835 E. 29th. STREET  
SIGNAL HILL CA  
JIP TRIPPLE

JIP TRIPPLE

Date  
Month Day Year  
8 | 20 | 87

84610019

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Y

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1  
of

Information in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

RIGHT ACCESSORY SERVICES  
11210 SHEPHERD WAY  
VAN NUYS CA 91411

A. State Manifest Document Number

**86132976**

4. Generator's Phone (213) 875-2930

B. State Generator's ID

5. Transporter 1 Company Name

KING & KING

6. US EPA ID Number

CA09043220

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

FRI  
835 E 24 ST  
SIGNAL HILL CA

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers  
No. Type

13.  
Total  
Quantity

14.  
Unit  
WT/Vol

I.  
Waste No.

a. WASTE OIL & FILTER NOS NASTO  
COMBUSTIBLE LIQUID

60 11 T 00 000 0

221

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

WASTE OIL & WATER

K. Handling Codes for Wastes Listed Above

R.O.1

15. Special Handling Instructions and Additional Information

WORKER GLOVES & SAFETY GLASSES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

S. G. L. S. L. E

Signature

Stanley S. L. E

Month Day Year

12 16 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KENNETH T. KING

Signature

K T KING

Month Day Year

12 16 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

12 16 87

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

12 16 87

86132976

GENERATOR

TRANSPORTER

FACILITY



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. CAD000646257		Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA 91352</b>					A.State Manifest Document Number <b>84610020</b>		
4. Generator's Phone ( 213 ) 875-2930					B.State Generator's ID <b>CAD981423320</b>		
5. Transporter 1 Company Name <b>KING &amp; KING DRAIN OIL</b>			6. US EPA ID Number <b>CAD981423320</b>		C.State Transporter's ID <b>54200</b>		
7. Transporter 2 Company Name			8. US EPA ID Number		D.Transporter's Phone <b>213-439-8500</b>		
9. Designated Facility Name and Site Address <b>P.R.I. 1835 E. 29th. STREET SIGNAL HILL CA.</b>					E.State Transporter's ID		
					F.Transporter's Phone		
					G.State Facility's ID		
					H.Facility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. <b>WASTE OIL &amp; WATER NOS NA 1270</b>					001	IT	4.10.6
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above <b>WASTE OIL &amp; WATER</b>					K. Handling Codes for Wastes Listed Above <b>K.O.I.</b>		
15. Special Handling Instructions and Additional Information  <b>RUBBER GLOVES - SAFETY GLASSES</b>							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name <b>STAN G. LA SALLE</b>					Signature <i>[Signature]</i>		Date Month Day Year <b>8 18 87</b>
17. Transporter 1 Acknowledgement of Receipt of Materials					Printed/Typed Name		Date Month Day Year <b>8 18 87</b>
					Signature		Date Month Day Year <b>8 18 87</b>
18. Transporter 2 Acknowledgement of Receipt of Materials					Printed/Typed Name		Date Month Day Year <b>8 18 87</b>
					Signature		Date Month Day Year <b>8 18 87</b>
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name					Signature		Date Month Day Year <b>8 18 87</b>

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA 91352				A. State Manifest Document Number 84610021		
4. Generator's Phone ( 213 ) 875-2930				B. State Generator's ID CAD981423320		
5. Transporter 1 Company Name KING & KING DRAIN OIL		6. US EPA ID Number CAD981423320		C. State Transporter's ID 84200		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213-439-8500		
9. Designated Facility Name and Site Address P.R.I. 1835 E. 29th. STREET SIGNAL HILL CA.		10. US EPA ID Number CAT080011059		E. State Facility's ID		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL & WATER NOS NA 1270				001	TT	10.750
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above WASTE OIL & WATER				K. Handling Codes for Wastes Listed Above X.O.I.		
15. Special Handling Instructions and Additional Information RUBBER GLOVES - SAFETY GLASSES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name S. LA SALLE				Signature <i>[Signature]</i>		Date Month Day Year 9 10 87
17. Transporter 1 Acknowledgement of Receipt of Materials						Date
Printed/Typed Name				Signature		Month Day Year 9 11 87
18. Transporter 2 Acknowledgement of Receipt of Materials						Date
Printed/Typed Name				Signature		Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Date Month Day Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHEKMAN WAY, SUN VALLEY CA		1. Generator's US EPA ID No. CAD000646257		A. State Manifest Document Number 81043443	
4. Generator's Phone (213) 847-2930 91252		6. US EPA ID Number CAD981423320		B. State Generator's ID CAD000646257	
5. Transporter 1 Company Name KING & KING IRON OIL		8. US EPA ID Number		C. State Transporter's ID 54200	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (213) 449-8500	
9. Designated Facility Name and Site Address P.R.I. 1835 E. 29 ST SIGNAL HILL CA		10. US EPA ID Number LAT080011059		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE WATER & OIL		COI TT	1150	G	State 221
b.					EPA/Other
c.					State
d.					EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. RO1		b.	
		c.		d.	
15. Special Handling Instructions and Additional Information ROPPER GLOVES - SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name STANLEY G. LA SALLE		Signature Stanley G. La Salle		Month Day Year 11/9/1987	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name KENNETH T. KING		Signature Kenneth T. King		Month Day Year 11/11/1987	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. CADOCC646257		Manifest Document No.		2. Page of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11210 SHERMAN WAY, SUN VALLEY, CA 91352						A. State Manifest Document Number 81645451			
4. Generator's Phone (213) 875-2920						B. State Generator's ID HAHQ36022066			
5. Transporter 1 Company Name HNO-CHEM CORP						6. US EPA ID Number CADO36364432		C. State Transporter's ID 776-6233	
7. Transporter 2 Company Name						8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address HNO-CHEM 425 1514 AVE INGLEWOOD CA 90201						10. US EPA ID Number CADO36364432		E. State Transporter's ID	
								F. Transporter's Phone	
								G. State Facility's ID	
								H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity	
a. WASTE CRN-A LIQUID N.O.S. NA-1693 KG 1000/454						003 DM		150 G	
b.								State 211	
c.								EPA/Other	
d.								State	
								EPA/Other	
J. Additional Descriptions for Materials Listed Above 1/1, THICHLOROETHYLENE - 70% OIL 10%						K. Handling Codes for Wastes Listed Above			
						a.		b.	
						c.		d.	
15. Special Handling Instructions and Additional Information GLOVES & GOGGLES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name STANLEY G. LAZELLE						Signature Stanley G. LaZelle		Month Day Year 11/1/87	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name GERALD RICE						Signature Gerald Rice		Month Day Year 11/1/87	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name						Signature		Month Day Year	



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 CHERMAN WAY, SON VALLEY, CA 4. Generator's Phone (213) 875-2930 91252		6. US EPA ID Number CAT090646257		A. State Manifest Document Number 81340452	
5. Transporter 1 Company Name KING & KING		8. US EPA ID Number CAT090646257		B. State Generator's ID H A H Q 36022066	
7. Transporter 2 Company Name		10. US EPA ID Number		C. State Transporter's ID 54200	
9. Designated Facility Name and Site Address P.R.I. 1835 E. 29 ST SIGNAL HILL, CA.		10. US EPA ID Number CAT090646257		D. Transporter's Phone 213 439 8500	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
a. WASTE WATER & OIL		001 TT		94800	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		I. Waste No.	
		a.		State 221	
		b.		EPA/Other	
		c.		State	
		d.		EPA/Other	
15. Special Handling Instructions and Additional Information RUBBER GLOVES - SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name STANLEY G. LASALLE		Signature Stanley G. La Salle		Month Day Year 11/21/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name KENNETH T. KING		Signature Kenneth T. King	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space		HP 000042			
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

2166-01089

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FIRE & ACCESSORY SERVICES 11370 SHAWMAN WAY SUN VALLEY CA 91352		1. Generator's US EPA ID No. CA0000646257		A. State Manifest Document Number 84550532		
4. Generator's Phone (213) 275-2930		6. US EPA ID Number		B. State Generator's ID CA0000646257		
5. Transporter 1 Company Name LIQUID WASTE MPT		8. US EPA ID Number		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 719 783-0342		
9. Designated Facility Name and Site Address CITIZENS RESOURCES NTH ROAD LOS ANGELES CALIF.		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 805 7937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	L. Waste No.	
a. 2111959 WAST CORROSIVE SOLIDS H05		No. Type				
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above ACID TONE 50% WATER 60% VERMICULITE ACID TONE SOLID/FIN N VERMICULITE		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name EDWIN P. CENLEY		Signature Edwin P. Cenley		Date Month Day Year 1 25 86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Date Month Day Year		

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CA 000064E257</b>		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address <b>Flight Recovery Services 11310 Sherman Way Van Nuys, CA 91411</b>						A. State Manifest Document Number <b>84550533</b>				
4. Generator's Phone (215) 975-2430						B. State Generator's ID <b>CA 000064E257</b>				
5. Transporter 1 Company Name <b>L. G. H. Waste Mgt</b>						C. State Transporter's ID <b>CA 000034154</b>				
7. Transporter 2 Company Name						D. Transporter's Phone (983) 6342				
8. US EPA ID Number						E. State Transporter's ID				
9. Designated Facility Name and Site Address						F. Transporter's Phone				
10. US EPA ID Number						G. State Facility's ID				
H. Facility's Phone <b>019-233-0425</b>										
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit	I. Waste No.
						No.	Type		Mt/Vol	
a. <b>Hazardous Waste Liquid NOS</b>						001	CM	7.00	GAL	222
b. <b>Water Soluble oil NA 9189</b>										
c.										
d.										
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above <b>7090 1090</b>				
15. Special Handling Instructions and Additional Information <b>G 1000</b>										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.										
Printed/Typed Name <b>Edwin P. Conley</b>						Signature <i>Edwin P. Conley</i>		Date Month Day Year <b>2 12 86</b>		
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>		Date Month Day Year <b>12 86</b>		
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date Month Day Year		
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name						Signature		Date Month Day Year		



Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C.A.T. 00-04-46257-0001	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Pacific Treatment Corp. 8190 Main St. San Diego, CA 92118				A. State Manifest Document Number 84674880		
4. Generator's Phone ( )				B. State Generator's ID		
5. Transporter 1 Company Name DISP-SI 21 CONTROL SERV.		6. US EPA ID Number CAT 0870-24134		C. State Transporter's ID 46369		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 983-0342		
9. Designated Facility Name and Site Address Pacific Treatment Corp. 8190 Main St. San Diego, CA 92118		10. US EPA ID Number 227-0424		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. Waste Combustible Liquid NOS Combustible Liquid				001	C.T.	00700 G
b.						
c.						
d.						
15. Additional Descriptions for Materials Listed Above A water 90% Soluble oil 10%				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Gloves, Footwear D.T.E. 0345						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name H. J. ...				Signature H. J. ...		Date Month Day Year 3 25 82
17. Transporter 1 Acknowledgement of Receipt of Materials						Date Month Day Year
Printed/Typed Name				Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials						Date Month Day Year
Printed/Typed Name				Signature		Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Date Month Day Year

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <i>C45000646257</i>		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address <i>Flight Accessory Services 11310 S. 1st Ave. #4, San Diego, CA 92108</i>						A. State Manifest Document Number <b>84550530</b>								
4. Generator's Phone ( ) <i>375-2500</i>						B. State Generator's ID								
5. Transporter 1 Company Name						C. State Transporter's ID								
6. US EPA ID Number						D. Transporter's Phone								
7. Transporter 2 Company Name						E. State Transporter's ID								
8. US EPA ID Number						F. Transporter's Phone								
9. Designated Facility Name and Site Address <i>CASMITE RESURFACING NTH ROAD CASMITE, CA</i>						G. State Facility's ID								
10. US EPA ID Number						H. Facility's Phone								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <i>HAZARDOUS WASTE 119 WASTE - F NW 241189</i>						12. Containers		13. Total Quantity		14. Unit		15. Waste No.		
						No. Type				Wt/Vol				
						<i>200 15</i>		<i>2000</i>		<i>gal</i>		<i>241</i>		
16. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above								
17. Special Handling Instructions and Additional Information <i>None &amp; goggles 7476</i>														
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.														
Printed/Typed Name <i>Edwin P. Conley</i>					Signature <i>[Signature]</i>					Date Month Day Year <i>11 24 86</i>				
19. Transporter 1 Acknowledgement or Receipt of Materials					Signature					Date Month Day Year				
Printed/Typed Name														
20. Transporter 2 Acknowledgement or Receipt of Materials					Signature					Date Month Day Year				
Printed/Typed Name														
19. Discrepancy Indication Space														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.														
Printed/Typed Name					Signature					Date Month Day Year				

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CA D000646257</b>		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>PHOTO ACCESSORY SERVICES 11390 Sherman Way SAN VALLEY CAL.</b>						A. State Manifest Document Number <b>84550541</b>			
4. Generator's Phone (213) 376-2930						B. State Generator's ID <b>CA D00646257</b>			
5. Transporter 1 Company Name <b>Rho Chem Corp</b>				6. US EPA ID Number <b>CA D008364432</b>		C. State Transporter's ID <b>64289</b>			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone <b>776-6233</b>			
9. Designated Facility Name and Site Address <b>RHO-CHEM 425 TISIS AVE MILLENBOW CA 90301</b>						E. State Transporter's ID			
10. US EPA ID Number <b>CA D008364432</b>						F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	
						No. Type		14. Unit	
								Wt/Vol	
								Waste No.	
a. 1,1,1 Trichloroethane WASTE ORM - A Liquid NF 1693						4 DA 216		G 211	
b. TOLUOL 10 (SOLVENT) WASTE NOS Flammable Liquid 1993						11 DA 594		G 214	
c.									
d.									
15. Additional Descriptions for Materials Listed Above <b>FROM B SOLVENT, 80% FLAMMABLE</b>						K. Handling Codes for Wastes Listed Above			
16. Special Handling Instructions and Additional Information <b>Gloves &amp; Goggles</b>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name <b>Edwin P. Conley</b>						Signature <i>Edwin P. Conley</i>		Date <b>4/2/86</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials								Date	
Printed/Typed Name <b>GERALD RIES</b>						Signature <i>Gerald Ries</i>		Date <b>4/2/86</b>	
18. Transporter 2 Acknowledgement or Receipt of Materials								Date	
Printed/Typed Name						Signature		Date	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name						Signature		Date	
								Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

LAX-E53746

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C.A.D.000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way			A. State Manifest Document Number 84550550			
4. Generator's Phone ( )			B. State Generator's ID C.A.D.000646257			
5. Transporter 1 Company Name Liquid Waste MPT			6. US EPA ID Number C.A.T.00034184		C. State Transporter's ID 16315	
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone (714) 983-0342	
9. Designated Facility Name and Site Address Chemical Waste M&T Kettleman Hills Facility 55251 Skyline Rd Kettleman City, CA			10. US EPA ID Number C.A.T.000646117		E. State Transporter's ID	
					F. Transporter's Phone	
					G. State Facility's ID	
					H. Facility's Phone (209) 386-9711	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Liquid N.O.S. ORM-1			NA 9189	000TT	700	91
b.						222
c.						
d.						
J. Additional Descriptions for Materials Listed Above E-7476 LAX-E53746			K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edwin P. Conley			Signature Edwin P. Conley		Date Month Day Year 5/16/86	
17. Transporter 1 Acknowledgement of Receipt of Materials					Date	
Printed/Typed Name Kendall Allen			Signature		Month Day Year 10/16/86	
18. Transporter 2 Acknowledgement of Receipt of Materials					Date	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name			Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C.A.D.000646257	Manifest Document No. 1001	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FIRST ACQUISITION CO 11510 CHESTER AVE SUN VALLEY, CA				A. State Manifest Document Number 84610017		
4. Generator's Phone (714) 875-2930				B. State Generator's ID C.A.D.000646257		
5. Transporter 1 Company Name LIQUID WASTE MGT.		6. US EPA ID Number C.A.T.030004194		C. State Transporter's ID 66334		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 875-0342		
9. Designated Facility Name and Site Address CASA MIA RESOURCE NTH ROAD CASA MIA, Calif		10. US EPA ID Number C.A.D.030745125		E. State Facility's ID 1000037-0949		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID ADS ORCA - FNA 9129				02 CM	20 YL	Y
b. HAZARDOUS WASTE SOLID ADS ORCA - FNA 9129				01 CM	20 YL	Y
c.						
d.						
15. Special Handling Instructions and Additional Information - 6 boxes of goggles				K. Handling Codes for Wastes Listed Above		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edward L. Conley				Signature Edward L. Conley		Date 5/22/86
17. Transporter 1 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name WAYNE S. PARKER				Signature Wayne S. Parker		Month Day Year 5/22/86
18. Transporter 2 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name				Signature		Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Date Month Day Year

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

LAX-FE 746

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

PLANT HCC00004 304000  
11210 3RD ST / SAN JOSE / CA 95121

4. Generator's Phone

(415) 275-1111

5. Transporter 1 Company Name

W. J. ...

6. US EPA ID Number

...T-...

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHOCOMA 4430, RD 1  
11210 3RD ST / SAN JOSE / CA 95121

10. US EPA ID Number

...T-... 44117

A. State Manifest Document Number

84610016

B. State Generator's ID

CA 000004

C. State Transporter's ID

...

D. Transporter's Phone

...

E. State Transporter's ID

...

F. Transporter's Phone

...

G. State Facility's ID

...

H. Facility's Phone

...

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE 1.4000 1.2  
ORM-I

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol

b.

c.

d.

12. Additional Descriptions for Materials Listed Above

...

K. Handling Codes for Wastes Listed Above

...

15. Special Handling Instructions and Additional Information

...

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name	Signature	Date
Edwin F. Conley	Edwin F. Conley	7 8 86

17. Transporter 1 Acknowledgement of Receipt of Materials	Date
Printed/Typed Name	Signature
	Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials	Date
Printed/Typed Name	Signature
	Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.	Date
Printed/Typed Name	Signature
	Month Day Year

84610016

GENERATOR

TRANSPORTER

FACILITY

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 000646257	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address F.I.G.H.T ACCESSORY SERVICES 11310 SHERMAN WAY SUN VALLEY CA.			A. State Manifest Document Number 84550544			
4. Generator's Phone (213) 875-2930			B. State Generator's ID CA 000646257			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 66349			
6. US EPA ID Number CAT 000034184			D. Transporter's Phone (714) 903-0342			
7. Transporter 2 Company Name			E. State Transporter's ID			
8. US EPA ID Number			F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MGT HETTERMAN HILLS FACILITY 35251 SKYLINE RD. HETTERMAN HILLS CITY, CA			G. State Facility's ID CAT 000646117			
10. US EPA ID Number			H. Facility's Phone (209) 386-9711			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Mt/Vol	15. Waste No.
a. HAZARDOUS WASTE LIQUID NOS ORM-E NA 9189			No. Type			
			001 TA	700	9.1	222
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above LAX-F53746			K. Handling Codes for Wastes Listed Above			
16. Special Handling Instructions and Additional Information Gloves						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edwin P. Conley			Signature Edwin P. Conley		Date Month Day Year 8 18 86	
17. Transporter 1 Acknowledgement or Receipt of Materials			Signature Mike McManama		Date Month Day Year 8 18 86	
Printed/Typed Name MIKE McMANAMA			Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature		Date	
Printed/Typed Name			Signature		Date	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name			Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 000646257	Manifest Document No. 7773	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address P.I. & H. ACCESSORY services 1130 SHERMAN WAY SAN VALENTINE, CA. 4. Generator's Phone (213) 875-2930				A. State Manifest Document Number 84550539		
5. Transporter 1 Company Name Rho Chem Corp.		6. US EPA ID Number CA D 008364432		B. State Generator's ID CA D 000646257		
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 64289		
9. Designated Facility Name and Site Address RHO CHEM 425 ISIS AVE. INGLEWOOD CA 90301		10. US EPA ID Number CA D 008364432		D. Transporter's Phone 776-6233		
				E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CA D 008364432		
				H. Facility's Phone (213) 776-6233		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. 1,1,1, Trichloroethane Waste ORM-A liquid NA 1693		No. 5	Type DM	270	GM	211
b. <del>1,1,1, Trichloroethane</del> (solvent) Waste NOS Flammable liquid 1993		No. 8	Type DM	434	GM	214
c.						
d.						
16. Additional Descriptions for Materials Listed Above 1,1,1, Trichloroethane 9070 1890 oil 2090 oil Flammable		K. Handling Codes for Wastes Listed Above 5DM-01 8DM-07				
17. Special Handling Instructions and Additional Information Gloves & Goggles						
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date 9/24/86		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Kenneth E. Atkinson		Date 9/24/86		
Printed/Typed Name KENNETH E. ATKINSON		Signature		Date		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name Chet Earley		Signature Chet Earley		Date 9/24/86		



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

LAX F93128

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAIDIC0101614121517		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11200 SHERMAN WAY SAN VALLEY, CA						A. State Manifest Document Number <b>86132970</b>								
4. Generator's Phone (213) 875-1230						B. State Generator's ID CADO00646257								
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						6. US EPA ID Number CAIAT01010131411814								
7. Transporter 2 Company Name						8. US EPA ID Number								
9. Designated Facility Name and Site Address KETTLE HILLS FACILITY 35251 SKYLINE RD. KETTLE HILLS CITY CA						10. US EPA ID Number CAIAT010161416111171								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.		
a. WASTE CORROSIVE LIQUID N.O.S. UN1760						0101 TITC 1000 G						16		
b.														
c.														
d.														
J. Additional Descriptions for Materials Listed Above CHROMIC ACID 2% HYDROCHLORIC ACID 4% SULFURIC ACID 12% NITRIC ACID 02% OIL & GREASE <1% WATER 93.96%						K. Handling Codes for Wastes Listed Above 16								
15. Special Handling Instructions and Additional Information GLOVES APRON BOOTS FACE SHIELD														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.														
Printed/Typed Name LEWIS E. AUGUSTINE					Signature <i>L. E. Augustine</i>					Month Day Year 11/15/86				
17. Transporter 1 Acknowledgement of Receipt of Materials														
Printed/Typed Name <i>John M. ...</i>					Signature <i>John M. ...</i>					Month Day Year 11/15/86				
18. Transporter 2 Acknowledgement of Receipt of Materials														
Printed/Typed Name					Signature					Month Day Year				
19. Discrepancy Indication Space Incomplete 1) 791 2) 1001														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.														
Printed/Typed Name Joseph Wenzel					Signature <i>Joseph Wenzel</i>					Month Day Year 11/15/86				

86132970

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

LAXF93128

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA10000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address 11310 SHERMAN WAY SUN VALLEY CA.			A. State Manifest Document Number 86132968		
4. Generator's Phone (213) 875-2930			B. State Generator's ID CA000646257		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 1032		
6. US EPA ID Number CA100800241814			D. Transporter's Phone 714-723-0342		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address KETTLEMAN HILLS FACILITY 35251 SKYLINE RD. KETTLEMAN HILLS CITY CA			G. State Facility's ID 1000656117		
10. US EPA ID Number CA10006461117			H. Facility's Phone 209-386-9711		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. WASTE CORROSIVE LIQUID NOS. UN1760		001	1	02500 G	111
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above CHROMIC ACID 2% HYDROCHLORIC ACID 4% SULFURIC ACID 12% NITRIC ACID 02% WATER 93%		K. Handling Codes for Wastes Listed Above 16			
15. Special Handling Instructions and Additional Information GLOVE - APRON - BOOTS - FACE SHIELD					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name LEWIS E AUGUSTINE		Signature <i>Lewis E Augustine</i>		Month Day Year 11/01/81	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>James Alexander</i>		Signature <i>James Alexander</i>		Month Day Year 11/01/81	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space ⑨ CWATE ① incomplete ② no entry					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Domingo B. Dominga					
Signature <i>Domingo B. Dominga</i>		Signature <i>Domingo B. Dominga</i>		Month Day Year 11/01/81	

86132968

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address <b>Flight Accessory Services</b> <b>11310 Sherman Way</b> <b>SUN VALLEY CA</b>		1. Generator's US EPA ID No. <b>C1A1010101416121517</b>		A. State Manifest Document Number <b>86132891</b>	
4. Generator's Phone <b>213 875-2930</b>		5. Transporter 1 Company Name <b>Disposal Control Service</b>		B. State Generator's ID <b>C1A1010101416121517</b>	
6. Transporter 1 US EPA ID Number <b>C1A1010101416121517</b>		7. Transporter 2 Company Name		C. State Transporter's ID <b>710334</b>	
8. Transporter 2 US EPA ID Number		9. Designated Facility Name and Site Address <b>CHEMICAL WASTE MGT</b> <b>KELL JEMEN HILLS FACILITY</b> <b>25351 SKYLINE RD</b> <b>KELLER HILL CITY CA</b>		D. Transporter's Phone <b>800-429-0343</b>	
10. US EPA ID Number <b>C1A1010101416121517</b>		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <b>HAZARDOUS WASTE 1.8 LIQUID NOS</b> <b>ORM-E</b> <b>NA 9189</b>		E. State Transporter's ID <b>710334</b>	
12. Containers		13. Total Quantity		14. Unit Wt/Vol	
No. Type		Quantity		Unit Wt/Vol	
a. 60511		80101		80101	
b.					
c.					
d.					
15. Additional Descriptions for Materials Listed Above <b>Water 1000</b> <b>Soluble 1000</b> <b>LAX-F53746</b>		K. Handling Codes for Wastes Listed Above <b>8.2V 1/02</b>			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name <b>Edwin P. Conley</b>		Signature <b>Edwin P. Conley</b>		Month Day Year <b>1/16/86</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name <b>DAVID T. JONES</b>		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name <b>DAVID T. JONES</b>		Signature		Month Day Year	
19. Discrepancy Indication Space <b>Incomplete</b> <b>2-1001</b>					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name <b>Joseph Wentzel</b>		Signature <b>Joseph Wentzel</b>		Month Day Year <b>1/16/86</b>	

86132891

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest  
Document No.

2. Page 1

of 1

Information in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICES  
11210 FREEMAN WAY, SUITE 100 CA 91352

4. Generator's Phone (213) 875-2900

5. Transporter 1 Company Name

LIQUID WASTE MGT

6. US EPA ID Number

CA16100646257

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CHEM. WASTE MGT  
KETTLEMAN HILLS FACILITY  
35251 SYLVAN RD.  
KETTLEMAN HILLS CITY CA

10. US EPA ID Number

CA16100646257

A. State Manifest Document Number

86132971

B. State Generator's ID

CA000646257

C. State Transporter's ID

CA000710228

D. Transporter's Phone 800-224-3545

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA16100646257

H. Facility's Phone

209-386-9711

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE LIQUID NOS  
ORM-E

NA9189

12. Containers

No.

Type

13. Total  
Quantity14. Unit  
Wt/Vol

15. Waste No.

0611

TIT

191010641

222

J. Additional Descriptions for Materials Listed Above

A- WATER 90%  
B- SOLUBLE OIL 10%

LAX-553746

K. Handling Codes for Wastes Listed Above

99/03

15. Special Handling Instructions and Additional Information

GLOVES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

LEWIS E. AUGUSTINE

Signature

Lewis E. Augustine

Month Day Year

10/21/86

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

James A. [Signature]

Signature

James A. [Signature]

Month Day Year

10/21/86

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

10/21/86

19. Discrepancy Indication Space

① Kettleman City CA 93239

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Stephen Pickell Jr.

Signature

Stephen Pickell Jr.

Month Day Year

11/05/86

86132971

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number		
4. Generator's Phone ( )				B. State Generator's ID		
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol
				No.	Type	Waste No.
a. 100% ...				001	Can	22
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
9070						
1070						
15. Special Handling Instructions and Additional Information						
Gloves						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name				Signature		Date
Edwin F. Conley						Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date
Printed/Typed Name				Signature		Month Day Year
JULIO GONZALEZ						10/15/85
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date
Printed/Typed Name				Signature		Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name				Signature		Date
						Month Day Year

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address WASTE MANAGEMENT SERVICES 1111 1/2 ST SACRAMENTO, CA 95833		6. US EPA ID Number LA7H4424184		A. State Manifest Document Number 84550535	
4. Generator's Phone ( ) - - (916) 444-9500		8. US EPA ID Number		B. State Generator's ID CA 0006646257	
5. Transporter 1 Company Name WASTE MANAGEMENT SERVICES		10. US EPA ID Number		C. State Transporter's ID 56142	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (916) 444-9500	
9. Designated Facility Name and Site Address WASTE MANAGEMENT SERVICES 1111 1/2 ST SACRAMENTO, CA 95833		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (916) 444-9500	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	1. Waste No.
a. Corrosive Liquid - Sulfuric Acid 4200		No. Type			
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WATER CHROMIUM CAUSTIC SODA (SOLUTION) 5090 3070 3070		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves & Goggles					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Linda P. Conley		Signature Linda P. Conley		Date Month Day Year 1 10 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Julio Ochoa		Date Month Day Year 01 10 85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C.F.D. 08364432	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address RIGHT HAZARDOUS SERVICES 11214 SHERRILL RD SUNNYVALE, CA 94086				A. State Manifest Document Number 84550534	
4. Generator's Phone (415) 255-1111				B. State Generator's ID C.F.D. 08364432	
5. Transporter 1 Company Name C.F.D. 08364432		6. US EPA ID Number C.F.D. 08364432		C. State Transporter's ID 1236	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (415) 776-1233	
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID C.F.D. 08364432	
				H. Facility's Phone (415) 776-6233	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. 111 Toluene		No. Type		54	96
b. 111 Toluene (111 Toluene)		2 1		54	96
c.					
d.					
15. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley				Signature Edwin P. Conley	
17. Transporter 1 Acknowledgement or Receipt of Materials				Date 1/8/85	
Printed/Typed Name Mike May				Signature Mike May	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name				Signature	
19. Discrepancy Indication Space				Date	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Date	
Printed/Typed Name				Signature	
				Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAG000646257	Manifest Document No. 4	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address TIGHE ACCESSORY SERVICES 11510 SHERRILL WAY SUNNYVALE, CA 94086-1117				A. State Manifest Document Number 84550548	
4. Generator's Phone (415) 937-9200				B. State Generator's ID CAG000646257	
5. Transporter 1 Company Name L. J. JONES & SONS		6. US EPA ID Number CAG000646257		C. State Transporter's ID 56143	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 993-0942	
9. Designated Facility Name and Site Address L. J. JONES & SONS NT 4111 11510 SHERRILL WAY		10. US EPA ID Number K.F. 60.267 H5125		E. State Transporter's ID F. Transporter's Phone G. State Facility's ID H. Facility's Phone 9057937-2419	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity
a. Hazardous Waste Liquid ACS Water Soluble Oil NA 9149				No. Type	Unit
				CC 1 Can	500? Labeled
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information Gloves					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date Month Day Year 2 26 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Julio Ornela		Date Month Day Year 03 26 85	
Printed/Typed Name JULIO ORNELA		Signature		Date Month Day Year	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD000646257	Manifest Document No. 11	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PIONEER HAZARDOUS WASTE SERVICES 1100 E. 11th St. WY 80011			A. State Manifest Document Number 84550547		
4. Generator's Phone (213) 975-2900			B. State Generator's ID CAD000646257		
5. Transporter 1 Company Name PIONEER HAZARDOUS WASTE SERVICES		6. US EPA ID Number CAT-201-34-1-44		C. State Transporter's ID 54992	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 785-0342	
9. Designated Facility Name and Site Address MTI 1100 E. 11th St. WY 80011		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (800) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit
			No.	Type	Wt/Vol
a.					
b.					
c.					
d.					
15. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information  DOT-E-7476					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edward F. Carter		Signature [Signature]		Date Month Day Year 4 22 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature [Signature]		Date Month Day Year 4 22 85	
Printed/Typed Name James A. [Signature]		Signature [Signature]		Date Month Day Year 4 22 85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PITNEY BOWLES SERVICES 11310 SHILOH MANWAY SAN JOSE, CA 95131			A. State Manifest Document Number 84560537		
4. Generator's Phone (415) 275-2130			B. State Generator's ID CA 000646257		
5. Transporter 1 Company Name LIQUID WASTE MGMT.			C. State Transporter's ID 56142		
6. US EPA ID Number CA 00034134			D. Transporter's Phone (916) 983-0342		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CYCLOPS RESOURCE 1 274 ALBU COLUMBIA, CA 95926			G. State Facility's ID		
10. US EPA ID Number CA 0006748129			H. Facility's Phone (905) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	1. Waste No.
a. 174 LITERS OF 95% NDS WHITE SOLUBLE OIL NA 7189		No. Type	601 CM	ECO	222
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 90% 10%		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information GLOVES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name EDWIN P. CONLEY		Signature Edwin P. Conley		Date 5/10/89	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Julio Ochoa		Date 05/10/89	
Printed/Typed Name JULIO OCHOA		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date	
				Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <b>C AD 0 0 06 46257</b>	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>FLIGHT ACCESSORY SERVICES 11310 Sherman Way, Sun Valley CA 91352</b>				A. State Manifest Document Number <b>84550548</b>		
4. Generator's Phone (213) <b>875-2930</b>				B. State Generator's ID <b>CAD 000646257</b>		
5. Transporter 1 Company Name <b>Rho Chem Corp.</b>		6. US EPA ID Number <b>CAD 0 0 83 64 4 3 2</b>		C. State Transporter's ID <b>57536</b>		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) <b>776-6233</b>		
9. Designated Facility Name and Site Address <b>Rho Chem Corp. 425 Isis Ave Inglewood, CA 90301</b>		10. US EPA ID Number <b>C AD 0 08 3 6 4 4 3 2</b>		E. State Facility's ID <b>CAD 008364432</b>		
				F. Facility's Phone <b>(213) 776-6233</b>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit
				No.	Type	Wt/Vol
a. <b>Waste ORM-A Liquid NA 1693</b>				<b>2</b>	<b>Drums M</b>	<b>Gal 211</b>
b. <b>Waste NOS Flammable Liquid UN 1993</b>				<b>2</b>	<b>Drums M</b>	<b>Gal 214</b>
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
A-2 <b>131 Trichloroethane</b> <b>800</b>						
A-2 <b>Oil, Metal Fines, Water</b> <b>200</b>						
B-1 <b>Oil, Metal Fines</b> <b>700</b>						
B-2 <b>Oil, Metal Fines, Water</b> <b>300</b>						
15. Special Handling Instructions and Additional Information						
<b>Gloves and Goggles to be worn when handling Hazardous Waste</b>						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name <b>Edwin P. Conley</b>				Signature <b>Edwin P. Conley</b>		Date Month Day Year <b>6 5 85</b>
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <b>Gerald Riet</b>		Date Month Day Year <b>6 5 85</b>
Printed/Typed Name <b>GERALD RIE</b>				Signature <b>Gerald Riet</b>		Date Month Day Year <b>6 5 85</b>
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year
Printed/Typed Name				Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Date Month Day Year

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sycamore Way, San Val, Cal. 91352		1. Generator's US EPA ID No. CAD000646257		A. State Manifest Document Number 84158840		
4. Generator's Phone (212) 375-2930		6. US EPA ID Number		B. State Generator's ID CAD000646257		
5. Transporter 1 Company Name Liquid Waste Mgmt.		7. US EPA ID Number LCATE0034184		C. State Transporter's ID 54990		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 983-0300		
9. Designated Facility Name and Site Address Casmalia Resource NTUR Road Casmalia Calif		10. US EPA ID Number KAD0026748126		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone (605) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol
a. Waste UN 1959 Corrosive Mat. Corrosive Solid NOS		No. Type 002 DM		10 8 1/2		Waste No. 352
b.						
c.						
d.						
15. Additional Descriptions for Materials Listed Above Crude Oil Sludge with Vermiculite		K. Handling Codes for Wastes Listed Above				
16. Special Handling Instructions and Additional Information Gloves & Goggles						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name HARRY GUNN		Signature Harry Gunn		Date 7 12 85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Ken Hudson		Date 7 12 85		
Printed/Typed Name KEN HUDSON		Signature		Date		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Date		
				Month Day Year		

Yellow: GENERATOR RETAINS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Flight Accessory Service 11510 Sherman Way Sun Valley, Calif.			A. State Manifest Document Number 84550538			
4. Generator's Phone (213) 875-2930			B. State Generator's ID CAD000646257			
5. Transporter 1 Company Name Liquid Waste Hauler			6. US EPA ID Number CAT 400-4184		C. State Transporter's ID 56142	
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone 923-0342	
9. Designated Facility Name and Site Address Casmalia Resource / NT4 Road Casmalia Calif.			10. US EPA ID Number CAT 026748125		E. State Transporter's ID	
					F. Transporter's Phone	
					G. State Facility's ID	
					H. Facility's Phone 925-937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers		13. Total Quantity	
			No. Type		Unit W/Vol	
a. Hazardous Waste Liquid NOS Water Soluble Oil NA9189			1 100		700 gal.	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edwin P. Conley			Signature Edwin P. Conley		Date Month Day Year 7 3 85	
17. Transporter 1 Acknowledgement of Receipt of Materials					Date	
Printed/Typed Name Julio C. Chen			Signature Julio C. Chen		Month Day Year 07 03 85	
18. Transporter 2 Acknowledgement or Receipt of Materials					Date	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name			Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CA 0000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Accessory Services 1510 Sherman Way Sun Valley, CA 875-2930			A. State Manifest Document Number 84550545		B. State Generator's ID CA 0000646257
5. Transporter 1 Company Name Liquid Waste Mgt		6. US EPA ID Number CA 00034154		C. State Transporter's ID 54998	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 983-0342	
9. Designated Facility Name and Site Address California Resource NTU Road Chico, CA		10. US EPA ID Number CA 0000749125		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (805) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit M/Vol
a. <del>Hazardous Waste</del> Water soluble oil / NF 9189		001	FF	600	gal
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information Gloves		K. Handling Codes for Wastes Listed Above			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		Date Month Day Year 8/12/85			
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date Month Day Year 8/12/85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature James Lawrence		Date Month Day Year 8/12/85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Date Month Day Year			
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY SHANLEY CALIF				A. State Manifest Document Number 84550627	
4. Generator's Phone (213) 875-2930				B. State Generator's ID CA 0000646257	
5. Transporter 1 Company Name LIQUID WASTE MGT		6. US EPA ID Number CA 00034184		C. State Transporter's ID 5114	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (914) 983-0392	
9. Designated Facility Name and Site Address CHS INC. RESEARCH ANTH ROAD CASM 7/14 CAL.		10. US EPA ID Number CA 0020748125		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE LIQUID NOS WATER SOLUBLE OIL NA 9189		001	CM	600	EWI
b.					
c.					
d.					
15. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
9090 1090					
16. Special Handling Instructions and Additional Information Gloves					
17. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name EDWIN P. CONLEY		Signature Edwin P. Conley		Date Month Day Year 9/13/95	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name Joe J. [unclear]		Signature [unclear]		Month Day Year 9/13/95	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0008364432	2. Page 1 of	3. Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Maintenance Services 11210 Sherman Way, Sun Valley, CA 91352		4. Generator's Phone (213) 875-2930	A. State Manifest Document Number 84550531	
5. Transporter 1 Company Name KHO Chem Corp		6. US EPA ID Number CA 0008364432	B. State Generator's ID CA000646257	
7. Transporter 2 Company Name		8. US EPA ID Number	C. State Transporter's ID 57576	
9. Designated Facility Name and Site Address KHO Chem Corp 425 I St S Bldg Inglewood, CA 90301		10. US EPA ID Number CA 0008364432	D. Transporter's Phone (213) 776-6233	
			E. State Transporter's ID	
			F. Transporter's Phone	
			G. State Facility's ID CA 0008364432	
			H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit
		No.	Type	Wt/Vol
a. WASTE OR MFL Liquid NH 1893		2	108	211
b. SOLVENT (KHO-501V 1204)				
WASTE NOS Flammable liquid 1993		8	440	214
c.				
d.				
15. Additional Descriptions for Materials Listed Above 1. 100% CHLORINATION 8090 2. 100% METAL FINES, WATER 2090 3. 100% METAL FINES, WATER 2090		K. Handling Codes for Wastes Listed Above		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date 10/11/85
17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name GERARD RIES		Signature Gerard Ries		Date 10/11/85
18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name		Signature		Date Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name		Signature		Date Month Day Year



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address F.L.P.T. - 100001 / 100001 / 100001 / Valley Co - 91202							A. State Manifest Document Number <b>84550528</b>								
4. Generator's Phone (212) 300-2900							B. State Generator's ID <b>CFC000646257</b>								
5. Transporter 1 Company Name							C. State Transporter's ID								
6. US EPA ID Number							D. Transporter's Phone (714) 923-0300								
7. Transporter 2 Company Name							E. State Transporter's ID								
8. US EPA ID Number							F. Transporter's Phone								
9. Designated Facility Name and Site Address P.O. Box 100001 / Valley Co - 91202							G. State Facility's ID								
10. US EPA ID Number							H. Facility's Phone (607) 937-8449								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)							12. Containers		13. Total Quantity		14. Unit Mt/Vol		I. Waste No.		
a. <b>WASTE</b> U-235 soluble salt 10 1943							No. Type						222		
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above R. WASTE 9090 L. OIL 1090							K. Handling Codes for Wastes Listed Above								
15. Special Handling Instructions and Additional Information LINES															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.															
Printed/Typed Name Edward P. Conley							Signature Edward P. Conley							Date Month Day Year 11/06/83	
17. Transporter 1 Acknowledgement or Receipt of Materials														Date Month Day Year 11/06/83	
Printed/Typed Name James Lawrence							Signature James Lawrence							Date Month Day Year 11/06/83	
18. Transporter 2 Acknowledgement or Receipt of Materials														Date Month Day Year	
Printed/Typed Name							Signature							Date Month Day Year	
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.															
Printed/Typed Name							Signature							Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FISH E ACCESSORY SERVICES 11370 SHERMAN WAY, SUVALEY CA. 91352				A. State Manifest Document Number 84550529	
4. Generator's Phone (213) 875-2930				B. State Generator's ID CA 0000646257	
5. Transporter 1 Company Name LIQUID WASTE M&E		6. US EPA ID Number CA 00034184		C. State Transporter's ID 06349	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 983-0342	
9. Designated Facility Name and Site Address COSMOTIA RESOURCE NTH ROAD COSMOTIA, Calif.		10. US EPA ID Number CA 0026748125		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (905) 957-9449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. WASTE WATER SOLUBLE OIL 401993 Combustible liquid		No. Type	Quantity	Unit	Waste No.
		000 TT	600	PSI	222
b.					
c.					
d.					
16. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date 12/20/85	
17. Transporter 1 Acknowledgement or Receipt of Materials		Signature [Signature]		Date 12/20/85	
Printed/Typed Name Dandy L. Allen		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date	
				Month Day Year	

1-24-84

83317419

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

GENERATOR NAME AND MAILING ADDRESS Flight Accessory Service 10 Sherman Way Chico Valley AREA CODE/PHONE NUMBER (714) 275-2950				MANIFEST DOCUMENT NUMBER EPA ID NUMBER 0171001641257			
TRANSPORTER NO. 1 Aguil Waste Management Box 1052 Chico Valley Calif.				VEH./CONTAINER NO. 00044784		EPA ID NUMBER 0171001641257	
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				VEH./CONTAINER NO.		EPA ID NUMBER	
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA Land Fill 1000 So. Arizona Ave West Covina 91791 AREA CODE/PHONE NUMBER (213) 915-2916				EPA ID NUMBER 0171001641257			
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS Under Soluble oil		UN/NA NUMBER 119193	TOTAL QUANTITY 125	UNIT WT/VOL GAL	CONTAINER NO. TYPE 001 TC	WASTE CAT. NO. 222	DIS MET
COMPONENTS				CONC. RANGE UPPER LOWER		UNITS % PPM	
Under				70		✓	
soluble oil				10		✓	
SPECIAL HANDLING INSTRUCTIONS							
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.							
Printed or typed full name and signature Edwin P Conley <input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets				MO. 01	DAY 24	YR. 84	
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Kathy L. Hellen Printed or typed full name and signature				DATE REC'D & ACCEPTED 01	MO. 01	DAY 24	YR. 84
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature				DATE REC'D & ACCEPTED	MO.	DAY	YR.
DISCREPANCY INDICATION SPACE							
HP 000071							
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.							
Printed or typed full name and signature				DATE RECEIVED & ACCEPTED			
EPA ID NUMBER				MO.	DAY	YR.	

TO BE FILLED IN BY GENERATOR -

TO BE FILLED IN  
BY TRANSPORTER

TO BE FILLED  
IN BY TSDF

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83327456

GENERATOR NAME AND MAILING ADDRESS Flight Accessory Services					MANIFEST DOCUMENT NUMBER					
					EPA ID NUMBER					
AREA CODE/PHONE NUMBER					C87C00646-P7					
TRANSPORTER NO. 1					VEH/CONTAINER NO.		EPA ID NUMBER			
Rho-Chem Corp. 425-ISIS Inglewood Calif.					00042456		C87C00646-P7			
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY					VEH/CONTAINER NO.		EPA ID NUMBER			
B.K.K.							C87C00646-P7			
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY							EPA ID NUMBER			
Rho-Chem Corp.							C87C00646-P7			
AREA CODE/PHONE NUMBER							C87C00646-P7			
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS				UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DI ME	
				0181693	155	gal	01	DM	2111	
COMPONENTS				CONC. RANGE		UNITS				
				UPPER LOWER		% PPM				
oil & Perchloroethylene				90 10		X				
SPECIAL HANDLING INSTRUCTIONS										
Blanes										
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.										
Printed or typed full name and signature Edwin P. Conley							MO.	DAY	YR.	
							91	25	84	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets										
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES							DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature Alex May #71202							01	25	84	
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES							DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature										
DISCREPANCY INDICATION SPACE										
HP 000072										
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.										
DATE RECEIVED & ACCEPTED										
EPA ID NUMBER										
MO.										
DAY										
YR.										
Printed or typed full name and signature										

TO BE FILLED IN BY GENERATOR -

TO BE FILLED IN  
BY TRANSPORTER

TO BE FILLED  
IN BY TSOF

Please print or type with ELITE type (12 characters per inch).

WFO 0016  
STATE ID NUMBER 83300279

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO.

DIS  
MET

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

GENERATOR RETAINS

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83300450

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO. ME

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000074

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

GENERATOR RETAINS

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER

83317854

Please print or type with ELITE type (12 characters per inch).

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

GENERATOR NAME AND MAILING ADDRESS

714-744 P STREET  
SACRAMENTO, CA 95814  
714-744 P STREET  
SACRAMENTO, CA 95814

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

WASTE MANAGEMENT SERVICE  
1547 W. J. ST.  
SACRAMENTO, CA 95811

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

WASTE MANAGEMENT  
2210 SO. FZUSA AVE  
WEST COVING 91791  
AREA CODE/PHONE NUMBER (213) 945-0916

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO. MET

WATER SOLUBLE OIL

11991199

1450

CK11 CIT 212

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

WATER

90

✓

OIL

10

✓

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

Edwin P. Conley

MO.

DAY

YR.

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000075

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

GENERATOR RETAINS

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83317836

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO.

WASTE  
CAT. NO.

DI  
ME

Water Soluble Oil

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

WATER

90

✓

Oil

10

✓

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO

DAY

YR.

Printed or typed full name and signature

17

19

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D

MO

DAY

YR

&  
ACCEPTED

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D

MO

DAY

YR

&  
ACCEPTED

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000076

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO

DAY

YR

Printed or typed full name and signature



Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83316643

GENERATOR NAME AND MAILING ADDRESS

FLINT TONER SERVICES

1111 SHOMADEN WAY

SACRAMENTO, CALIF 95812 (213) 875-7731

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA11010646257

TRANSPORTER NO. 1

DISPOSAL CONTROL SERVICE

1369 W. 9TH ST.

UPLAND CALIF. 91786 (714) 955-4444

783-0342

VEH./CONTAINER NO.

EPA ID NUMBER

VEH./CONTAINER NO.

EPA ID NUMBER

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

B.M.M. LAND FILL

210 S. AZUSA

WEST COVING 91790 (213) 765-0916

AREA CODE/PHONE NUMBER

EPA ID NUMBER

CA000798474

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO. M

OIL NOS Combustible

MA112707101

G

0101CT

1124

Water Soluble

221

COMPONENTS

CONC. RANGE

UPPER

LOWER

UNITS

% PP

Water

90

Oil

10

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

HARRY GUNN Harry Gunn

MO

DAY

YR.

018

310

814

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO

DAY

YR.

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000077

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO

DAY

YR.

Printed or typed full name and signature

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83316760

GENERATOR NAME AND MAILING ADDRESS FLIGHT ACCESSORY SERVICES (219) 967 3930 11310 SHERMAN WAY SUN VALLEY, CA 91352						MANIFEST DOCUMENT NUMBER EPA ID NUMBER CAT0006116257											
TRANSPORTER NO. 1 LIQUID WASTE MANAGEMENT 1369 W 9TH ST UPLAND CA, 91786 714 930342						VEH./CONTAINER NO.		EPA ID NUMBER 111785CAT080034181									
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY						VEH./CONTAINER NO.		EPA ID NUMBER									
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY CASIMILIA RESOURCES, MGT, NTU ROAD 805 CASIMILIA, CA, 937 8449								EPA ID NUMBER CA010207118121									
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS				UN/NA NUMBER		TOTAL QUANTITY		UNIT WT/VOL		CONTAINER NO. TYPE		WASTE CAT. NO.		DISP MET			
CORROSIVE LIQUID N.O.S				UN1171610		38000		6		001CT1111							
COMPONENTS								CONC. RANGE		UNITS							
								UPPER LOWER		% PPM							
Chromic Acid								1%									
Water								99%									
SPECIAL HANDLING INSTRUCTIONS Hazardous & reactive																	
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.														MO. DAY YR.			
HARRIS A. GUNN JULIO OCHOA 8/27/84														8 29 84			
Printed or typed full name and signature																	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets:																	
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES JULIO OCHOA Julio Ochoa														DATE REC'D & ACCEPTED		MO. DAY YR.	
Printed or typed full name and signature														08 29 84			
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES														DATE REC'D & ACCEPTED		MO. DAY YR.	
Printed or typed full name and signature																	
DISCREPANCY INDICATION SPACE																	
HP 000078																	
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.																	
EPA ID NUMBER																	
MO. DAY YR.																	
Printed or typed full name and signature																	

DEC 5 1984

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

REV. 11-83

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D000646257	Manifest Document No. 8007	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Accessory Service 11310 Sherman Way Sun Valley Calif. 91352				A. State Manifest Document Number 84550548	
4. Generator's Phone (213) 875-2930				B. State Generator's ID CA D000646257	
5. Transporter 1 Company Name RHO Chem Corp. 425-ISIS AVE INGLEWOOD Calif.		6. US EPA ID Number CA D0008364432		C. State Transporter's ID 92437	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 776-6233	
9. Designated Facility Name and Site Address RHO-Chem Corp. 425-ISIS AVE INGLEWOOD Calif.				E. State Transporter's ID	
10. US EPA ID Number CA D0008364432				F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				G. State Facility's ID CA D0008364432	
				H. Facility's Phone (213) 776-6233	
				I. Waste No.	
a. Waste ORM-A Liquid NOSHA-1693 2 DM 100g/L 211					
b.					
c.					
d.					
12. Containers				13. Total Quantity	
14. Unit				15. Handling Codes for Wastes Listed Above	
Additional Descriptions for Materials Listed Above 6.1.1. Trichloroethane 9070 1070				01	
16. Special Handling Instructions and Additional Information					
17. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley				Signature Edwin P. Conley	
Date 11/30/84					
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name Kenneth Thomas (9018)				Signature Kenneth Thomas	
Date 11/30/84					
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name				Signature	
Date Month Day Year					
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Chet Earley				Signature Chet Earley	
Date 11/13/84					

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 8 3056516

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

Flight Accessory Service

EPA ID NUMBER

11310 SHERMAN WAY

AREA CODE/PHONE NUMBER

SUN VALLEY (613) 275-2930

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

LIGHT WASTE MANAGEMENT  
P.O. BOX 1082  
SUN VALLEY, CALIF.

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BRK LAND FILL  
3210 S. AZUSA AVE.  
WEST COVING. 91791 (213) 965-0916

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO.

WASTE  
CAT NO.

DI  
ME

water soluble oil

1 1 1 1 1 1

1320

501

11

710

112

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPI

water

90

✓

oil

10

✓

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

Edmund P. Conley

11

24

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE

REC'D

MO.

DAY

YR.

Printed or typed full name and signature

ALBERT RIMMHOFF

DATE

REC'D

MO.

DAY

YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE

REC'D

MO.

DAY

YR.

Printed or typed full name and signature

ALBERT RIMMHOFF

DATE

REC'D

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

HP 000080

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

EPA ID NUMBER

MO.

DAY

YR.

363 - 003970  
E TSP FACILITY

**PRESS HARD**

**GENERATOR** (GENERATOR MUST COMPLETE)

(2) NAME \_\_\_\_\_  
EPA NO. [ ]  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_  
ORDER PLACED BY Gentry  
P.O. / CONTRACT NO. \_\_\_\_\_ ORDER DATE \_\_\_\_\_

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BAR  
EPA NO. CA0060780749  
ADDRESS 2210 HESHA RD  
CITY, STATE, WES2 CALIF 91791  
ZIP CODE  
PHONE NO. 213-943-0916

#### ④ ALTERNATE TSD FACILITY

**NAME** \_\_\_\_\_  
**EPA NO.**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE,** \_\_\_\_\_  
**ZIP CODE** \_\_\_\_\_  
**PHONE NO.** \_\_\_\_\_

⑨ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER				
WASTE <i>1195 1000 001</i>	<i>Flammable</i>	<i>214</i>	<i>700</i>	<i>gals</i>	DRUMS	BAGS	CARTONS	DUMP TRUCK	
WASTE <i>1195 1000 001</i>		<i>1200</i>			TANK TRUCK	OTHER			

⑥ WASTE CATEGORY: <u>4, 4b</u>		⑦ EX. HAZ. WASTE PERMIT NO. _____		⑧ GENERATING PROCESS _____	
⑨ LIST COMPONENTS:		CONC. RANGE		UNITS	
		UPPER LOWER			
A	<u>Water</u>	<u>10</u>		<input type="checkbox"/> % <input type="checkbox"/> PPM	E _____
B	<u>Water</u>	<u>10</u>		<input type="checkbox"/> % <input type="checkbox"/> PPM	F _____
C				<input type="checkbox"/> % <input type="checkbox"/> PPM	G _____
D				<input type="checkbox"/> % <input type="checkbox"/> PPM	
				NONHAZARDOUS MATERIAL _____ %	
⑩ WASTE PROPERTIES: PH _____ <input type="checkbox"/> TOXIC <input checked="" type="checkbox"/> FLAMMABLE <input type="checkbox"/> CORROSIVE/IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN					
⑪ PHYSICAL STATE: <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input checked="" type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER _____					
⑫ SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> GLOVES <input checked="" type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER _____					

**GENERATOR CERTIFICATION:** THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

13 Edward P. [illegible] DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT

EPA NO.	C	A	D	0	0	0	0	7	2	8	4	3
ADDRESS	P.O. BOX 1082											
CITY, STATE	SUN VALLEY, CALIFORNIA 91352											
ZIP CODE												
PHONE NO.	(213) 767-4424											

JOB NO. 1467  
UNIT NO. 152

⑬ PICK-UP DATE 4-10-70  
TIME 8:10 ☐ AM ☒ PM

(16) \_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY (OPERATOR MUST COMPLETE)**

(17) NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

**NAME** \_\_\_\_\_  
**EPA NO.** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
**REVISED 11/80**

⑮ QUANTITY IF MEASURED

STATE FEE (IF ANY) \$

(2) **HANDLING OR DISPOSAL METHOD**

<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input type="checkbox"/>	LANDFILL
<input type="checkbox"/>	INJECTION WELL	<input type="checkbox"/>	LAND TREATMENT
<input type="checkbox"/>	TREATMENT (SPECIFY)		
<input type="checkbox"/>	RECOVERY OR REUSE	<input type="checkbox"/>	STORAGE/TRANSPORT

SIGNATURE OF AUTHORIZED AGENT & TITLE HP 000081

DATE ACCEPTED\*

## HAZARDOUS WASTE MANAGEMENT BRANCH

744 P Street  
Sacramento, CA 95814

## UNIFORM HAZARDOUS WASTE MANIFEST

RECEIVED

Department of Health Services

MAY 20 1983

4-29-83

STATE ID NUMBER 83100707

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS <i>18920</i>						MANIFEST DOCUMENT NUMBER			
AREA CODE/PHONE NUMBER						EPA ID NUMBER			
TRANSPORTER NO. 1				VEH./CONTAINER NO.		EPA ID NUMBER			
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				VEH./CONTAINER NO.		EPA ID NUMBER			
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY <i>18920</i>						EPA ID NUMBER			
AREA CODE/PHONE NUMBER						EPA ID NUMBER			
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS				UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT NO.	DIS MET
Waste Soluble oil									9
WATER									
COMPONENTS						CONC. RANGE UPPER LOWER		UNITS % PPM	
WATER									
SPECIAL HANDLING INSTRUCTIONS									
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.									
Printed or typed full name and signature <i>Edward J. ...</i>						MO.	DAY	YR.	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets									
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES						DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature <i>LARRY KAMMERZ</i>						4	29	83	
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES						DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature									
DISCREPANCY INDICATION SPACE <i>0 2.07</i> <i>60 See 83078031</i>						HP 000082			
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.						DATE RECEIVED & ACCEPTED			
Printed or typed full name and signature <i>RON SAGER</i>						EPA ID NUMBER	MO.	DAY	YR.
						CA406778674F	04	29	83

HAZARDOUS MATERIALS MANAGEMENT  
SECTION  
744 P Street  
Sacramento, CA 95814

## UNIFORM HAZARDOUS WASTE MANIFEST

6-22-83

(Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 8205235

GENERATOR NAME AND MAILING ADDRESS  
*Flight Accessory Service*  
*11310 Sherman way*  
AREA CODE/PHONE NUMBER *Sun Valley*

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER

CA70006462570007

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

*Rho-Chem Corp.*

4391 CA70008864432

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

*BKK Corporation*

EPA ID NUMBER

CA700067786749

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

*Rho-Chem Corp**425 ISSAVE**INGLEWOOD, CA 90301*

EPA ID NUMBER

AREA CODE/PHONE NUMBER

CA70008364432

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBERTOTAL  
QUANTITYUNIT  
WT/VOLCONTAINER  
NO. TYPEWASTE  
CAT. NO.*Waste ORM-H*

00055

G 002 DM 2110

*Non-flammable liquid*

COMPONENTS

CONC.  
UPPERRANGE  
LOWERUNITS  
% ppm*Rho-Perc 235*

80

70

*Oil*

15

08

*Water*

5

2

SPECIAL HANDLING INSTRUCTIONS

*Goggles & gloves*

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

*Edwin P. Conley*

PRINTED OR TYPED FULL NAME AND SIGNATURE

*Edwin P. Conley*

MO. DAY YR.  
06 21 83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D &amp; ACCEPTED

*ALFRED MAY**Alfred May*

MO. DAY YR.  
06 22 83

PRINTED OR TYPED FULL NAME AND SIGNATURE

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D &amp; ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
06 22 83

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D &amp; ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.  
06 22 83

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

18920 CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 004103

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME First City Service  
EPA NO. 4700000000000000  
ADDRESS 11111 Broadway  
CITY, STATE, ZIP CODE San Francisco, CA 94103  
PHONE NO. 415-774-1111  
ORDER PLACED BY John Doe ORDER DATE 1-1-83  
P.O. CONTRACT NO. 11111

NAME KKK  
EPA NO. 0000000000000000  
ADDRESS 1234 5th St  
CITY, STATE, ZIP CODE San Francisco, CA 94103  
PHONE NO. 415-774-1111

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER	DRUMS	TANK TRUCK	BAGS	CARTONS	DUMP TRUCK
WASTE 11111	Flammable	1111	700	1721						
WASTE 11111		1111								

WASTE CATEGORY 111-43 EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ GENERATING PROCESS \_\_\_\_\_

LIST COMPONENTS:

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS			CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS		
A	10		%	PPM	E			%	PPM	
B	10		%	PPM	F			%	PPM	
C			%	PPM	G			%	PPM	
D			%	PPM				%	PPM	

NONHAZARDOUS MATERIAL \_\_\_\_\_ %

WASTE PROPERTIES: PH 10 TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐

PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐

SPECIAL HANDLING INSTRUCTIONS: GLOVES ☒ GOGGLES ☒ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe DATE SHIPPED \_\_\_\_\_

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 1  
UNIT NO. 7-9

PICK-UP DATE 1/1/83  
TIME 11 AM ☐ PM ☐

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME KKK QUANTITY (IF MEASURED) \_\_\_\_\_  
EPA NO. 0000000000000000 STATE FEE (IF ANY) \$ \_\_\_\_\_  
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe

DATE ACCEPTED. 1-1-83

HP 000084



SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

**GENERATOR**

(GENERATOR MUST COMPLETE)

① NAME Electric Appliance Services  
EPA NO. 00700646257  
ADDRESS 1110 Sherman Way  
CITY, STATE, ZIP CODE Sun Valley CA 91352  
PHONE NO. 767-2938  
ORDER PLACED BY Joe Canby ORDER DATE 7-13-83  
P.O. NO. \_\_\_\_\_ CONTRACT NO. \_\_\_\_\_

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

RECEIVED  
AUG 11 1983

363 - 003028

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME E K K  
EPA NO. C40007813747  
ADDRESS 2210 HZ 348 RJ  
CITY, STATE, ZIP CODE West Covina  
PHONE NO. 212-965-0916

④ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>1110 Sherman Way</u>	<u>Flammable</u>	<u>117</u>	<u>500</u>	<u>921</u>	DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE <u>1110 Sherman Way</u>		<u>1270</u>			TANK TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>

⑥ WASTE CATEGORY 1110 Sherman Way  
⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_  
⑧ GENERATING PROCESS \_\_\_\_\_  
⑨ LIST COMPONENTS: \_\_\_\_\_  
CONC. RANGE UPPER LOWER UNITS \_\_\_\_\_  
A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
⑩ WASTE PROPERTIES: PH \_\_\_\_\_ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐  
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_  
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Joe Canby  
SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE SHIPPED \_\_\_\_\_

**TRANSPORTER**

(HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 93887  
UNIT NO. 12-3

⑮ PICK-UP DATE 7/13/83  
TIME 5:35 ☐ AM ☒ PM

⑯ Joe Canby  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY**

(OPERATOR MUST COMPLETE)

⑰ NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_  
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:  
NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

⑲ QUANTITY (IF MEASURED) 1.63  
⑲ STATE FEE (IF ANY) \$ 2.44

⑲ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑲ Joe Canby  
SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE ACCEPTED 7/15/83

HP 000085

HAZARDOUS MATERIALS MANAGEMENT  
SECTION  
744 P Street  
Sacramento, CA 95814

## UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch)).

STATE ID NUMBER 8205236

GENERATOR NAME AND MAILING ADDRESS

Flight Accessory services

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

CAT000646257

TRANSPORTER NO. 1

Liquid waste management  
P.O. Box 1082  
Sun Valley, Calif.

VEH./CONTAINER NO.

EPA ID NUMBER

3587CAT000646257

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKR Landfill  
6210 SO ARTHUR AVE  
WEST COVING 91791(213) 965-0916

EPA ID NUMBER

AREA CODE/PHONE NUMBER

CR00677867419

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBERTOTAL  
QUANTITYUNIT  
WT/VOLCONTAINER  
NO. TYPEWASTE  
CAT. NO.

water &amp; soluble oil

500 gal

COMPONENTS

CONC.  
UPPERRANGE  
LOWERUNITS  
% ppm

water

90

1

oil

10

1

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

Elaine P. Conley

MO. DAY YR.  
8 8 83☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D &amp; ACCEPTED

WAINE R DEARDS

PRINTED OR TYPED FULL NAME AND SIGNATURE

W R Deards

MO. DAY YR.  
8 8 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D &amp; ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.  
8 8 83

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D &amp; ACCEPTED

EPA ID NUMBER

MO. DAY YR.  
8 8 83

PRINTED OR TYPED FULL NAME AND SIGNATURE

See reverse side for instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

1 Manifest Number 919- 001190

OCT 13 1983

GENERATOR

(GENERATOR MUST COMPLETE)

18920

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)

4 Alternate TSD Facility

2 Name High Technology Corp.  
EPA # C 4 1 0 0 0 6 4 1 2 5 7  
Address 11511 Shafter Ave Phone 975-2930  
City, State, Zip SAN DIEGO

Name B K L  
EPA # C H D O C 7 9 6 5 7 4 9  
Address 2210 H Z GARDEN Phone 745-0916  
City, State, Zip WILSON

Name \_\_\_\_\_  
EPA # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE <u>Flammable</u>	<u>Flammable</u>	<u>1200</u>	<u>700</u>	<u>741</u>	
WASTE <u>Flammable</u>		<u>1200</u>			

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS  
☒ TANK TRUCK ☐ DUMP TRUCK  
☐ OTHER

6 Waste Category 47-48

7 Ext. Haz. Waste Permit No. \_\_\_\_\_

8 Generating Process \_\_\_\_\_

LIST COMPONENTS: CONCENTRATION RANGE UPPER LOWER UNITS LIST COMPONENTS: CONCENTRATION RANGE UPPER LOWER UNITS

9 A. 1045000000 10 ☐ % ☐ ppm. E. \_\_\_\_\_ ☐ % ☐ ppm.

B. 1045000000 10 ☐ % ☐ ppm. F. \_\_\_\_\_ ☐ % ☐ ppm.

C. \_\_\_\_\_ ☐ % ☐ ppm. G. \_\_\_\_\_ ☐ % ☐ ppm.

D. \_\_\_\_\_ ☐ % ☐ ppm. Non-Hazardous Material \_\_\_\_\_ %

10 WASTE PROPERTIES: pH \_\_\_\_\_ ☐ Toxic ☒ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other \_\_\_\_\_

12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 William P. Carley  
Signature of Authorized Agent and Title

13-7-83  
Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

14 TRANSPORTER NAME DISPOSAL CONTROL SERVICE  
ADDRESS 1627 W. 9th STREET PHONE 714-983-0342  
CITY, STATE, ZIP UPLAND, CALIF. 91786

15 PICK-UP DATE \_\_\_\_\_

EPA NO. C A T 0 8 0 0 3 4 1 8 4 Time ☐ AM ☐ PM

16 R. Carley  
Signature of Authorized Agent and Title

Date

TSD FACILITY

(FACILITY OPERATOR MUST COMPLETE)

17 NAME TIC 18 QUANTITY (If Measured) \_\_\_\_\_  
EPA NO. 1 2 1 1 1 2 2 1 6 7 4 9 4 19 STATE FEE (If Any) \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 1.30

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 Designated TSD Facility Name \_\_\_\_\_

23 William P. Carley  
Signature of Authorized Agent and Title

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify) \_\_\_\_\_  
☐ Recovery or Re-use ☐ Storage/Transfer  
☐ Recycle

HP 000087

EPA NO. \_\_\_\_\_

Date Accepted

NOV 22 1983

83317234

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO. DIS  
MET

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

MO.

DAY

YR.

MO.

DAY

YR.

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER 83317234

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS  
FIELD RECOVERY SERVICE  
11111 FARM ROAD  
SUN VALLEY, CA 94134  
AREA CODE/PHONE NUMBER (415) 877-1200

MANIFEST DOCUMENT NUMBER  
EPA ID NUMBER  
C170000646237

TRANSPORTER NO. 1  
L. H. H. & S. T. COMPANY  
P.O. BOX 1000  
SUN VALLEY, CA 94134

VEH./CONTAINER NO.  
EPA ID NUMBER  
1144788 C170000646237

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.  
EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
BANK HILL  
216 CO ASTORIA AVE  
WESLEY COVING 71791  
AREA CODE/PHONE NUMBER (214) 965-0916

EPA ID NUMBER  
C170000646237

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT. NO.	DISP. MET
Water Soluble Oil	UN1993	1300	21	001	TC	212

COMPONENTS	CONC. RANGE		UNITS	
	UPPER	LOWER	%	PPM
Water	90		✓	
Oil	10		✓	

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.  
Printed or typed full name and signature *Edward F. Corley* *Director Only*  
☐ Check if continuation sheet is used. Number of continuation sheets

MO. DAY YR.  
10 31 83

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
*Jim Lawrence*  
Printed or typed full name and signature  
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  
Printed or typed full name and signature

DATE REC'D & ACCEPTED  
MO. DAY YR.  
10 31 83

DISCREPANCY INDICATION SPACE  
HP 000089

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.  
Printed or typed full name and signature  
EPA ID NUMBER  
DATE RECEIVED & ACCEPTED  
MO. DAY YR.

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

See reverse side for instructions.  
Please type or print clearly. Press Hard.

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

1 Manifest Number 919-00130

RECEIVED

DEC 15 1983

GENERATOR

(GENERATOR MUST COMPLETE)

2 Name Flight Recovery Service  
EPA # 19171016161416121517  
Address 11310 Shermanway Phone 875-2130  
City, State, Zip San Valley Ca.

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)

Name BKK Landfill  
EPA # C1H1D1C1617171816171719  
Address 2210 RUSH ME Phone 23-165-8116  
City, State, Zip WEST COVILH

4 Alternate TSD Facility

Name \_\_\_\_\_  
EPA # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

5 U.S. DOT PROPER SHIPPING NAME WASTE <u>Waste Soluble oil</u> WASTE	U.S. DOT HAZARD CLASS	UN/NA ID NO. <u>1993</u>	WEIGHT OR VOLUME <u>300</u>	UNITS <u>0</u>	NUMBER OF CONTAINERS <u>1</u> TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
--	-----------------------	-----------------------------	--------------------------------	-------------------	--

6 Waste Category 222 7 Ext. Haz. Waste Permit No. N/A 8 Generating Process \_\_\_\_\_

9 A. LIST COMPONENTS:	CONCENTRATION RANGE		UNITS		E. LIST COMPONENTS:	CONCENTRATION RANGE		UNITS	
	UPPER	LOWER				UPPER	LOWER		
<u>WATER</u>	<u>90</u>		<input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.					<input type="checkbox"/> % <input type="checkbox"/> ppm.	
<u>OIL</u>	<u>10</u>		<input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.					<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.					<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.					<input type="checkbox"/> % <input type="checkbox"/> ppm.	

10 WASTE PROPERTIES: pH \_\_\_\_\_ ☐ Toxic ☒ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other \_\_\_\_\_

12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 Robert H. Parley  
Signature of Authorized Agent and Title

Date Shipped \_\_\_\_\_

TRANSPORTER

(HAULER MUST COMPLETE)

14 TRANSPORTER NAME DISPOSAL CONTROL SERVICE  
ADDRESS 1627 W. 9th STREET PHONE 714-983-0342  
CITY, STATE, ZIP UPLAND, CALIF. 91786

15 PICK-UP DATE 11/24/83

EPA NO. C1A1T101810181411814 Time 2:00 AM ☒ PM ☐

16 Robert H. Parley  
Signature of Authorized Agent and Title

Date \_\_\_\_\_

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

17 NAME BKK 18 QUANTITY (If Measured) \_\_\_\_\_  
EPA NO. 19171016161416121517 19 STATE FEE (If Any) \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 1.23

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 Designated TSD Facility Name \_\_\_\_\_

23 Robert H. Parley  
Signature of Authorized Agent and Title

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify) \_\_\_\_\_  
☐ Recovery or Re-use ☐ Storage/Transfer  
☐ Recycle

HP 000090

EPA NO. \_\_\_\_\_

Date Accepted \_\_\_\_\_

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83317595

GENERATOR NAME AND MAILING ADDRESS

RIGHT ACCESSORY SERVICE  
11310 SHERMAN WAY  
SUN VALLEY (415) 375-2930  
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

01A7A0014121517

TRANSPORTER NO. 1

UNION TANKER SERVICE  
1319 W 7TH ST  
OCEAND CIL 91744 714-9230342

VEH/CONTAINER NO.

EPA ID NUMBER

11135475A7485034/117

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

R.K.K. LANDFILL  
2205 AZUSA AVE  
WEST COVINA 91790  
AREA CODE/PHONE NUMBER 213-9650916

EPA ID NUMBER

01A7A0014121517

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO. MET

Oil NOS Combustible  
water soluble oil

UN1270

700 G

201 CT

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

water  
oil

90

10

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

Edwin P. Conley Edwin P. Conley

112

119

81

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

WHELEARD. [Signature]

112

19

81

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000091

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

JAN 16 1984

Please print or type with ELITE type (12 characters per inch).

18920

STATE ID NUMBER

83317595

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO. MET

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000092

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature



SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

① NAME Waste Management  
EPA NO. 047000046257  
ADDRESS 1400 14th Ave  
CITY, STATE, ZIP CODE San Jose, CA 95128  
PHONE NO. 415 281-1112  
ORDER PLACED BY                      ORDER DATE 1/12  
P.O. / CONTRACT NO.                     

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME Waste Management  
EPA NO. 047000046257  
ADDRESS 1400 14th Ave  
CITY, STATE, ZIP CODE San Jose, CA 95128  
PHONE NO. 415 281-1112

③ ALTERNATE TSD FACILITY

NAME                       
EPA NO.                       
ADDRESS                       
CITY, STATE, ZIP CODE                       
PHONE NO.                     

363 02355

*Must Have 9 digits*

④ U. S. DOT PROPER SHIPPING NAME

WASTE Waste Oil

WASTE Waste Oil

U. S. DOT HAZARD CLASS 11

UN/NA I.D. NO. 1570

WEIGHT OR VOLUME 500

UNITS GA

CONTAINERS: NUMBER

DRUMS ☒

BAGS ☐

CARTONS ☐

DUMP TRUCK ☐

TANK TRUCK ☐

OTHER ☐

⑤ WASTE CATEGORY

⑥ LIST COMPONENTS

A Waste Oil CONC. RANGE UPPER                      LOWER                      UNITS                      PPM                       
B                      CONC. RANGE UPPER                      LOWER                      UNITS                      PPM                       
C                      CONC. RANGE UPPER                      LOWER                      UNITS                      PPM                       
D                      CONC. RANGE UPPER                      LOWER                      UNITS                      PPM                     

⑦ EX. HAZ. WASTE PERMIT NO. 47

⑧ GENERATING PROCESS

CONC. RANGE UPPER                      LOWER                      UNITS                      PPM                       
F                      CONC. RANGE UPPER                      LOWER                      UNITS                      PPM                       
G                      CONC. RANGE UPPER                      LOWER                      UNITS                      PPM                     

⑨ WASTE PROPERTIES PH                      ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN  
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER                       
⑪ SPECIAL HANDLING INSTRUCTIONS. ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER                     

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫                       
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED                     

**TRANSPORTER** (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 951  
UNIT NO. 3

⑭ PICK-UP DATE 1/12/82  
TIME 4:20 ☒ AM ☐ PM

⑮                       
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑯ NAME                       
EPA NO.                     

⑰ QUANTITY (IF MEASURED) SEE  
⑱ STATE FEE (IF ANY) \$ 2404

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT                     

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME                       
EPA NO.                       
REVISED 11/80

⑳ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY)                       
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑                       
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED                     

HP 000093

21366-01089

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363-002538

**GENERATOR** (GENERATOR MUST COMPLETE)

③ NAME San Jose Belia  
EPA NO. 0100000000000000  
ADDRESS 4300 Sherman Way  
CITY, STATE, ZIP CODE San Valley, Calif  
PHONE NO. \_\_\_\_\_  
ORDER PLACED BY ad ORDER DATE 3/4  
P.O. CONTRACT NO. \_\_\_\_\_

④ DESIGNATED TSD FACILITY

NAME Belia  
EPA NO. 0100000000000000  
ADDRESS 2210  
CITY, STATE, ZIP CODE San Valley, Calif  
PHONE NO. \_\_\_\_\_

⑤ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑥ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS. NUMBER
WASTE <u>Waste Oil</u>		<u>WH-1270</u>		<u>500 gal</u>	
WASTE					

DRUMS	BAGS	CARTONS	DUMP TRUCK
<input checked="" type="checkbox"/>			
TANK TRUCK	OTHER		

⑦ WASTE CATEGORY 17

⑧ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_

⑨ GENERATING PROCESS 17

LIST COMPONENTS	CONC. RANGE		UNITS	E	F	G	CONC. RANGE		UNITS	NONHAZARDOUS MATERIAL %
	UPPER	LOWER					UPPER	LOWER		
A <u>Waste Oil</u>										
B										
C										
D										

⑩ WASTE PROPERTIES: PH \_\_\_\_\_ ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE-IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☒ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ San Jose Belia SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED \_\_\_\_\_

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 2537  
UNIT NO. 3  
⑮ PICK-UP DATE 3/5/82  
TIME 6 ☒ AM ☐ PM  
⑯ D. Kelley Power SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑰ NAME Belia  
EPA NO. 0100000000000000  
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_  
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY \_\_\_\_\_  
NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

⑳ QUANTITY (IF MEASURED) SEE 1693 1.97  
㉑ STATE FEE (IF ANY) \$ \_\_\_\_\_  
HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT  
☐ INJECTION WELL  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE  
☒ LANDFILL  
☐ LAND TREATMENT  
☐ STORAGE/TRANSFER  
⑳ 561 (6) SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE ACCEPTED 3/5/82

HP 000094

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

4-14-82

363-002691

RECEIVED

MAY 3 1982

**GENERATOR** (GENERATOR MUST COMPLETE)

③ NAME CHT Corp  
EPA NO. CHT000446257  
ADDRESS 1110 SHEDMAN WAY  
CITY, STATE, ZIP CODE SUN VALLEY CA 9136-2  
PHONE NO. 875-2220  
ORDER PLACED BY T. J. Taylor  
P.O. CONTRACT NO. 4-14-82

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME R K K  
EPA NO. CHD067863749  
ADDRESS 2210 HZSUH Rd  
CITY, STATE, ZIP CODE WEST COVING  
PHONE NO. \_\_\_\_\_

⑤ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑥ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I. D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>WASTE OIL</u>	<u>Flammable</u>	<u>NA</u>	<u>700</u>	<u>gal</u>	<input type="checkbox"/> DRUMS	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE <u>WATER</u>		<u>1270</u>			<input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> OTHER

⑦ WASTE CATEGORY 47-48 ⑧ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑨ GENERATING PROCESS MACHINES

⑩ LIST COMPONENTS:

	CONC. RANGE UPPER LOWER	UNITS	PPM	E	CONC. RANGE UPPER LOWER	UNITS	PPM
A <u>WASTE OIL</u>	<u>10</u>						
B <u>WATER</u>	<u>90</u>						
C							
D							

⑪ WASTE PROPERTIES: PH \_\_\_\_\_ ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑫ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_

⑬ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑭ Steven P. Conley Plant Manager 4/14/82  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑮ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 2955  
UNIT NO. 3

⑯ PICK-UP DATE 4/14/82  
TIME 8:45 ☒ AM ☐ PM

⑰ D. Kelley Driver  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑱ NAME R K K  
EPA NO. CHD067863749

⑲ QUANTITY (IF MEASURED) SEE 1790  
⑳ STATE FEE (IF ANY) 2.94

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

㉓ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑱ Steven P. Conley Plant Manager 4/14/82  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

# CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363-002733

4-27-82

## GENERATOR (GENERATOR MUST COMPLETE)

③ NAME Edwards & Kelcey  
EPA NO. CAD000072843  
ADDRESS 1110 Sherman Way  
CITY, STATE, ZIP CODE SUN VALLEY CA 91352  
PHONE NO. 575-2430  
ORDER PLACED BY [Signature] ORDER DATE 4/27/82  
P.O. CONTRACT NO.

## ④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME PAK  
EPA NO. CAD00072843  
ADDRESS 2210 ATLAS RD  
CITY, STATE, ZIP CODE WEST COVING  
PHONE NO.

## ⑤ ALTERNATE TSD FACILITY

NAME   
EPA NO.   
ADDRESS   
CITY, STATE, ZIP CODE   
PHONE NO.

⑥ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>Flammable</u>	<u>2.1</u>	<u>2.1</u>	<u>200</u>	<u>Gal.</u>	DRUMS <input checked="" type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE <u>Flammable</u>	<u>2.1</u>	<u>2.1</u>	<u>200</u>	<u>Gal.</u>	TANK TRUCK <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>

④ WASTE CATEGORY 17-48  
⑤ LIST COMPONENTS:  
A 100% oil CONC. RANGE UPPER 10 LOWER  UNITS  PPM  E   
B 100% oil CONC. RANGE UPPER 10 LOWER  UNITS  PPM  F   
C  CONC. RANGE UPPER  LOWER  UNITS  PPM  G   
D  CONC. RANGE UPPER  LOWER  UNITS  PPM   
⑥ WASTE PROPERTIES: PH  TOXIC ☐ FLAMMABLE ☒ CORROSIVE-IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐  
⑦ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐  
⑧ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑨ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE SHIPPED 4/27/82

## TRANSPORTER (HAULER MUST COMPLETE)

⑩ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 2632  
UNIT NO. 3

⑪ PICK-UP DATE 4/27/82  
TIME 2:00 AM ☐ PM ☒

⑫ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE

## TSD FACILITY (OPERATOR MUST COMPLETE)

⑬ NAME [Signature]  
EPA NO. CAD000072843  
⑭ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT   
⑮ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY  
NAME   
EPA NO.

⑯ QUANTITY (IF MEASURED): 500 = 2178.345  
⑰ STATE FEE (IF ANY): S

HANDLING OR DISPOSAL METHOD  
☒ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER  
☐ RECOVERY OR REUSE

HP 000096

NAME   
EPA NO.   
REVISED 11-80

⑱ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE ACCEPTED 4/20/82

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363-0028771

5-26-82

UN 1

**GENERATOR** (GENERATOR MUST COMPLETE)

③ NAME PERKINS FERTILIZER  
EPA NO. 145-000000000000000000  
ADDRESS 11310 SHREVEWAY  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 275-5120  
ORDER PLACED BY PERKINS ORDER DATE 5/26/82  
P.O. CONTRACT NO. \_\_\_\_\_

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME PERKINS  
EPA NO. 145-000000000000000000  
ADDRESS 2210 H7500 RD.  
CITY, STATE, ZIP CODE WEST COVING 91791  
PHONE NO. (213) 915-0916

④ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>LIQUID WASTE</u>	<u>1755</u>	<u>2000</u>	<u>gal</u>	<u>1</u>	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑥ WASTE CATEGORY 3 + 5  
⑦ LIST COMPONENTS:  
A LIQUID CONC. RANGE UPPER 100 LOWER \_\_\_\_\_ UNITS \_\_\_\_\_ PPM \_\_\_\_\_  
B LIQUID CONC. RANGE UPPER 300 LOWER \_\_\_\_\_ UNITS \_\_\_\_\_ PPM \_\_\_\_\_  
C LIQUID CONC. RANGE UPPER 9000 LOWER \_\_\_\_\_ UNITS \_\_\_\_\_ PPM \_\_\_\_\_  
D \_\_\_\_\_  
⑧ EX. HAZ. WASTE PERMIT NO. N/A  
⑨ GENERATING PROCESS LIQUID WASTE  
CONC. RANGE UPPER \_\_\_\_\_ LOWER \_\_\_\_\_ UNITS \_\_\_\_\_ PPM \_\_\_\_\_  
⑩ WASTE PROPERTIES: PH 9.5 TOXIC \_\_\_\_\_ FLAMMABLE \_\_\_\_\_ CORROSIVE/IRRITANT ☒ REACTIVE \_\_\_\_\_ SENSITIZER \_\_\_\_\_ CARCINOGEN/MUTAGEN \_\_\_\_\_  
⑪ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_  
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Edwin K. Lacey SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED \_\_\_\_\_

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD000000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO 2725  
UNIT NO 7

⑮ PICK UP DATE 5/26/82  
TIME 10:00 AM ☒ PM ☐

⑯ al Channing SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑰ NAME PERKINS  
EPA NO. 145-000000000000000000  
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

⑲ QUANTITY (IF MEASURED) 1562  
⑳ STATE FEE (IF ANY) \$15.62

㉑ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

⑰ 21225 SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED \_\_\_\_\_

HP 000097

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

# CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363-002999

6-10-82

## GENERATOR (GENERATOR MUST COMPLETE)

③ NAME LIQUID WASTE MANAGEMENT  
EPA NO. 000000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424  
ORDER PLACED BY \_\_\_\_\_ ORDER DATE 6/1/82  
P.O. CONTRACT NO. \_\_\_\_\_

## ③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME \_\_\_\_\_  
EPA NO. 000000072843  
ADDRESS 1000 10th St  
CITY, STATE, ZIP CODE LOS ANGELES, CALIF 90015  
PHONE NO. (213) 467-6916

## ④ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

## ⑤ U. S. DOT PROPER SHIPPING NAME

## U. S. DOT HAZARD CLASS

## UN/NA I.D. NO.

## WEIGHT OR VOLUME

## UNITS

## CONTAINERS: NUMBER

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE	Flammable	111	700	201	DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE					TANK TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>

## ⑥ WASTE CATEGORY

## ⑦ EX. HAZ. WASTE PERMIT NO.

## ⑧ GENERATING PROCESS

## ⑨ LIST COMPONENTS:

CONC. RANGE  
UPPER LOWER

UNITS

CONC. RANGE  
UPPER LOWER

UNITS

A	B	C	D	E	F	G
_____	_____	_____	_____	_____	_____	_____
PPM	PPM	PPM	PPM	PPM	PPM	PPM

⑩ WASTE PROPERTIES: PH \_\_\_\_\_ ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Michael T. [Signature]  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

## TRANSPORTER (HAULER MUST COMPLETE)

## ⑭ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 2794  
UNIT NO. 9

⑮ PICK-UP DATE 6/1/82  
TIME 2 ☐ AM ☒ PM

⑯ [Signature]  
SIGNATURE OF AUTHORIZED AGENT & TITLE

## TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

⑱ QUANTITY (IF MEASURED) 2.73  
⑲ STATE FEE (IF ANY) \$ \_\_\_\_\_

⑳ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER  
☐ RECOVERY OR REUSE

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

㉓ [Signature]  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 003686

**GENERATOR** (GENERATOR MUST COMPLETE)

① NAME San Joaquin County  
EPA NO. 0000000000000000  
ADDRESS 1000 N. 10th St. #100  
CITY, STATE, ZIP CODE San Joaquin, CA 91352  
PHONE NO. 275-2430  
ORDER PLACED BY San Joaquin ORDER DATE 7/9/82  
P.O. CONTRACT NO. \_\_\_\_\_

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME San Joaquin  
EPA NO. 0000000000000000  
ADDRESS 1000 N. 10th St. #100  
CITY, STATE, ZIP CODE San Joaquin, CA 91352  
PHONE NO. (713) 945-0916

③ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

④ U. S. DOT PROPER SHIPPING NAME

WASTE 1.1ST 2.2ST  
WASTE \_\_\_\_\_

U. S. DOT HAZARD CLASS

2.2  
1.1

UN/NA I.D. NO.

1193  
114

WEIGHT OR VOLUME

300  
6.21

UNITS

6.21

CONTAINERS: NUMBER

1 DRUMS 0 BAGS 0 CARTONS 0 DUMP TRUCK  
X TANK TRUCK 0 OTHER

⑤ WASTE CATEGORY 1.1ST 2.2ST

⑥ LIST COMPONENTS:

A 1.1ST 2.2ST  
B 1.1ST 2.2ST  
C \_\_\_\_\_  
D \_\_\_\_\_

CONC. RANGE  
UPPER LOWER

10  
10

⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_

UNITS  
% PPM  
% PPM  
% PPM  
% PPM

E  
F  
G

⑧ GENERATING PROCESS 1.1ST 2.2ST

CONC. RANGE  
UPPER LOWER

10  
10

UNITS  
% PPM  
% PPM  
% PPM

⑨ WASTE PROPERTIES:

PH 10 ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN  
⑩ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER  
⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ San Joaquin P. Co. 7/9/82  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 3017  
UNIT NO. 7

⑭ PICK-UP DATE 7/9/82  
TIME 10 AM ☐ PM

⑮ San Joaquin P. Co. 7/9/82  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑯ NAME San Joaquin P. Co. 7/9/82  
EPA NO. 0000000000000000

⑰ QUANTITY (IF MEASURED) 3052  
⑱ STATE FEE (IF ANY) \$ 28

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

⑳ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT ☒ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER  
☐ RECOVERY OR REUSE

⑲ San Joaquin P. Co. 7/9/82  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

③ NAME Waste Management  
EPA NO. 0570000425  
ADDRESS 11310 Shepherd Ave  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 875-2936  
ORDER PLACED BY Waste Management ORDER DATE 8/23/82  
P.O. CONTRACT NO. \_\_\_\_\_

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363- 003332

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME BLK LANDFILL  
EPA NO. 011067700777  
ADDRESS 2210 AZUSA AVE  
CITY, STATE, ZIP CODE U. COVINA CA 91705  
PHONE NO. \_\_\_\_\_

④ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>WASTE OIL</u>	<u>-</u>	<u>-</u>	<u>900</u>	<u>DRUMS</u>	<u>0</u> DRUMS <u>0</u> BAGS <u>0</u> CARTONS <u>0</u> DUMP TRUCK
WASTE _____	_____	_____	_____	_____	<u>0</u> TANK TRUCK <u>0</u> OTHER

⑥ WASTE CATEGORY HAZ  
⑦ LIST COMPONENTS:  
A WATER CONC. RANGE UPPER LOWER UNITS PPM  
B oil \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
⑧ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_  
⑨ GENERATING PROCESS WASTE  
CONC. RANGE UPPER LOWER UNITS PPM  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
NONHAZARDOUS MATERIAL \_\_\_\_\_ %  
⑩ WASTE PROPERTIES: PH 0 TOXIC 0 FLAMMABLE 0 CORROSIVE/IRRITANT 0 REACTIVE 0 SENSITIZER 0 CARCINOGEN/MUTAGEN  
⑪ PHYSICAL STATE: 0 SOLID 0 LIQUID 0 SLUDGE 0 SLURRY 0 GAS 0 OTHER  
⑫ SPECIAL HANDLING INSTRUCTIONS: 0 GLOVES 0 GOGGLES 0 RESPIRATOR 0 OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 03154  
UNIT NO. 2

⑭ PICK-UP DATE 8-24-82  
TIME \_\_\_\_\_ AM \_\_\_\_\_ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑮ NAME BLK LANDFILL  
EPA NO. 011067700777

⑯ QUANTITY (IF MEASURED) 900  
⑰ STATE FEE (IF ANY) \$ 333

⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

HANDLING OR DISPOSAL METHOD  
0 SURFACE IMPOUNDMENT 0 LANDFILL  
0 INJECTION WELL 0 LAND TREATMENT  
0 TREATMENT (SPECIFY)  
0 RECOVERY OR REUSE 0 STORAGE/TRANSFER

⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED



SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 003527

a-20-86

**GENERATOR** (GENERATOR MUST COMPLETE)

③ NAME PHS  
EPA NO. CA7000648257  
ADDRESS 10210 Sherman Way  
CITY, STATE, ZIP CODE SUN VALLEY CALIF. 91352  
PHONE NO. 245-2920  
ORDER PLACED BY J. P. Conley ORDER DATE 4/20/82  
P.O. CONTRACT NO.

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK  
EPA NO. CA00067865747  
ADDRESS 2210 AZUSA RD  
CITY, STATE, ZIP CODE WESLEY COVING 91791  
PHONE NO. (213) 965-0916

⑤ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑥ U. S. DOT PROPER SHIPPING NAME

WASTE Flammable oil  
WASTE oil

U. S. DOT HAZARD CLASS

Flammable

UN/NA I.D. NO.

114

WEIGHT OR VOLUME

100

UNITS

Gal

CONTAINERS NUMBER

☒ DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK  
☒ TANK TRUCK ☐ OTHER

⑦ WASTE CATEGORY

⑧ LIST COMPONENTS:

A Waste  
B oil  
C  
D

CONC. RANGE UPPER LOWER

10  
50

UNITS

☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM

⑨ EX. HAZ. WASTE PERMIT NO.

⑩ GENERATING PROCESS

CONC. RANGE UPPER LOWER

☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM

UNITS

☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM

⑪ WASTE PROPERTIES:

PH ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE-IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑫ PHYSICAL STATE:

☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑬ SPECIAL HANDLING INSTRUCTIONS:

☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑭ Edwin P. Conley  
SIGNATURE OF AUTHORIZED AGENT & TITLE

4/20/82  
DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑮ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CA00000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 7-61  
UNIT NO. 7-7

⑯ PICK-UP DATE \_\_\_\_\_  
TIME \_\_\_\_\_ AM \_\_\_\_\_ PM

⑰ Edwin P. Conley  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑱ NAME BKK  
EPA NO. CA00000072843

⑲ QUANTITY (IF MEASURED) CE# 2528  
⑳ STATE FEE (IF ANY) \$ \_\_\_\_\_

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

HANDLING OR DISPOSAL METHOD

☐ SURFACE IMPOUNDMENT ☒ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ Edwin P. Conley  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER 8239071

GENERATOR NAME AND MAILING ADDRESS

FLIGHT ACCESSORY SERVICES

11310 Sherman Way, Sun Valley Calif. 91352

AREA CODE/PHONE NUMBER (213) 875-2930

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA T 0 0 0 6 4 6 2 5 7 1 2 3 4 5

TRANSPORTER NO. 1

Liquid Waste Management Inc.

P.O.Box 1082 Sun Valley CA 91352

VEH./CONTAINER NO.

EPA ID NUMBER

C A D 0 0 0 0 7 2 8 4 3

EPA ID NUMBER

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK

2210 Azusa Rd. West Covina Calif. 91791

AREA CODE/PHONE NUMBER (213) 965-0916

C A D 0 6 7 8 6 5 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO.

Waste Oil

NA

1 9 9 3

7 0 0 G

—

—

T C

2 2 1

Waste Water

NA

1 2 7 0

1 0 0 G

—

—

T C

2 2 2

COMPONENTS

CONC.  
UPPER

RANGE  
LOWER

UNITS  
% ppm

Waste Oil

10

8

%

Waste Water

90

88

%

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Ellis Elkington

PRINTED OR TYPED FULL NAME AND SIGNATURE

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

MO. DAY YR.  
1 0 2 0 8 2

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

ALBERT R. DAVIS

MO. DAY YR.  
1 0 2 0 8 2

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

ALBERT R. DAVIS

MO. DAY YR.  
1 0 2 0 8 2

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

RAY SIMPSON

RAY SIMPSON

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

CAD0622861249

MO. DAY YR.  
1 0 2 9 8 2

TO BE FILLED IN BY THE GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

# CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 003842

12-8-82  
JAN 13 1983

## GENERATOR

(GENERATOR MUST COMPLETE)

③ NAME Waste Management, Inc.  
EPA NO. 11100000000000000000  
ADDRESS 11111111111111111111  
CITY, STATE, ZIP CODE 11111111111111111111  
PHONE NO. 212-965-0916  
ORDER PLACED BY 11111111111111111111 ORDER DATE 12-11-82  
CONTRACT NO. 11111111111111111111

## DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME Waste Management, Inc.  
EPA NO. 11100000000000000000  
ADDRESS 11111111111111111111  
CITY, STATE, ZIP CODE 11111111111111111111  
PHONE NO. 212-965-0916

## ALTERNATE TSD FACILITY

NAME Waste Management, Inc.  
EPA NO. 11100000000000000000  
ADDRESS 11111111111111111111  
CITY, STATE, ZIP CODE 11111111111111111111  
PHONE NO. 212-965-0916

## U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	DRUMS	11111111111111111111
WASTE	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	TANK TRUCK	11111111111111111111

## WASTE CATEGORY

### LIST COMPONENTS:

A	B	C	D	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM	E	F	G	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM
11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111	11111111111111111111

⑩ WASTE PROPERTIES. PH 11111111111111111111 TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE 11111111111111111111 DATE SHIPPED 12-11-82

## TRANSPORTER

(HAULER MUST COMPLETE)

### NAME

NAME LIQUID WASTE MANAGEMENT  
EPA NO. 11100000000000000000  
ADDRESS 11111111111111111111  
CITY, STATE, ZIP CODE 11111111111111111111  
PHONE NO. (213) 767-4424

JOB NO. 11111111111111111111  
UNIT NO. 11111111111111111111

⑭ PICK UP DATE 12-11-82 TIME 11:00 AM ☐ PM ☐

⑮ SIGNATURE OF AUTHORIZED AGENT & TITLE 11111111111111111111

## TSD FACILITY

(OPERATOR MUST COMPLETE)

⑯ NAME Waste Management, Inc.  
EPA NO. 11100000000000000000

⑰ QUANTITY (IF MEASURED) 11111111111111111111  
⑱ STATE FEE (IF ANY) \$ 11111111111111111111

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT 11111111111111111111

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME 11111111111111111111  
EPA NO. 11100000000000000000

⑳ HANDLING OR DISPOSAL METHOD  
☐ SURFACE IMPOUNDMENT  
☐ INJECTION WELL  
☐ TREATMENT (SPECIFY)  
☐ RECOVERY OR REUSE  
☒ LANDFILL  
☐ LAND TREATMENT  
☐ STORAGE/TRANSFER

⑳ SIGNATURE OF AUTHORIZED AGENT & TITLE 11111111111111111111

DATE ACCEPTED 12-11-82

HAZARDOUS MATERIALS MANAGEMENT  
SECTION  
744 P Street  
Sacramento, CA 95814

## UNIFORM HAZARDOUS WASTE MANIFEST

66505

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER 8205234

GENERATOR NAME AND MAILING ADDRESS <i>Flight Accessory Service</i> <i>11310 Sherman Way</i> AREA CODE/PHONE NUMBER <i>Sun Valley 875-2930</i> CAT 0006462570001				MANIFEST DOCUMENT NUMBER EPA ID NUMBER			
TRANSPORTER NO. 1 <i>Rho-Chem Corp.</i>				VEH./CONTAINER NO. <i>1114393</i>		EPA ID NUMBER <i>CA0008361932</i>	
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY <i>BKK Corporation</i>						EPA ID NUMBER <i>CA0067786249</i>	
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY <i>RHO-Chem Corp.</i> <i>425 FISH AVE</i> <i>INGLEWOOD, CA 90301</i>						EPA ID NUMBER <i>CA0008364432</i>	
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS				UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE
<i>Waste ORM-A</i>				<i>NA169300055G</i>			
<i>Non flammable liquid</i>							
COMPONENTS				CONC. UPPER	RANGE LOWER	%	UNITS ppm
<i>Rho-Perc 235</i>				<i>80</i>	<i>70</i>	<i>✓</i>	
<i>Oil</i>				<i>15</i>	<i>08</i>	<i>✓</i>	
<i>Water</i>				<i>5</i>	<i>2</i>	<i>✓</i>	
SPECIAL HANDLING INSTRUCTIONS <i>Goggles &amp; Gloves</i>							
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.							
PRINTED OR TYPED FULL NAME AND SIGNATURE <i>Edwin P. Conley</i>				MO. DAY YR. <i>12 15 82</i>			
<input type="checkbox"/> CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS _____							
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS <i>LUCIANO CORREIA</i>				DATE REC'D & ACCEPTED <i>66505</i>			
PRINTED OR TYPED FULL NAME AND SIGNATURE				MO. DAY YR. <i>12 17 82</i>			
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS				DATE REC'D & ACCEPTED			
PRINTED OR TYPED FULL NAME AND SIGNATURE				MO. DAY YR.			
DISCREPANCY INDICATION SPACE							
Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.							
PRINTED OR TYPED FULL NAME AND SIGNATURE				EPA ID NUMBER		MO. DAY YR.	

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

HP 000104

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 00201 1-25-81

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME Public Health Services  
A NO. 0000000000000000  
ADDRESS 1100 S. Highway 100  
CITY, STATE, ZIP CODE San Jose, CA 95128  
PHONE NO. 408-281-1000  
ORDER PLACED BY John Doe ORDER DATE 1/23/81  
CONTRACT NO. 123456

**DESIGNATED TSD FACILITY**

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME ABC Corp  
EPA NO. 0000000000000000  
ADDRESS 2210 Arizona Ave  
CITY, STATE, ZIP CODE Los Angeles, CA 90001  
PHONE NO. 213-555-1234

**ALTERNATE TSD FACILITY**

NAME XYZ Corp  
EPA NO. 0000000000000000  
ADDRESS 123 Main St  
CITY, STATE, ZIP CODE San Francisco, CA 94101  
PHONE NO. 415-555-5678

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Corrosive Liquid</u>	<u>Corrosive</u>	<u>UN 1755</u>	<u>3.000</u>	<u>gal</u>	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY Corrosive Liquid EX. HAZ. WASTE PERMIT NO.                      GENERATING PROCESS                     

LIST COMPONENTS:                      CONC. RANGE UPPER LOWER UNITS                     

WASTE PROPERTIES: PH 1 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER                     

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER                     

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

                     SIGNATURE OF AUTHORIZED AGENT & TITLE                      DATE SHIPPED 1-23-81

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
A NO. 0000000000000000  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 1  
UNIT NO. 4  
PICK-UP DATE 1/23/81 TIME 7:30 ☒ AM ☐ PM  
                     SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME                       
A NO.                       
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT                       
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY                       
NAME                       
A NO.                       
USED 11/80

QUANTITY (IF MEASURED) 1570  
STATE FEE (IF ANY) \$                       
HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY)                       
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER  
                     SIGNATURE OF AUTHORIZED AGENT & TITLE                      DATE ACCEPTED                     

2166-01089

REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
PRINT CLEARLY.

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 -

2-19-81

**PRESS HARD**

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME PORTER RENTAL SERVICES  
ID NO. CA 150646257  
ADDRESS 11510 Hillman Way  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 818 293 2935  
ORDER DATE RECEIVED  
ORDER DATE 12-20-80

① DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK CORP  
EPA NO. CA 00067746272  
ADDRESS 2210 AZUSA AVE  
CITY, STATE, ZIP CODE WEST COVINA  
PHONE NO. 765-0911

② ALTERNATE TSD FACILITY

NAME CASIMIRO DISPOSAL  
EPA NO. CA 00067746272  
ADDRESS 17TH ST  
CITY, STATE, ZIP CODE CASIMIRO, CA  
PHONE NO. 818-237-5477

③ U. S. DOT PROPER SHIPPING NAME

WASTE

WASTE

U. S. DOT HAZARD CLASS

UN/NA I.D. NO

WEIGHT OR VOLUME

UNITS

CONTAINERS. NUMBER

DRUMS

BAGS

CARTONS

DUMP TRUCK

TANK TRUCK

OTHER

WASTE CATEGORY

LIST COMPONENTS:

OIL & OIL SLUDGE  
WATER SOLUBLE OIL  
SOLVENTS

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS

CONC. RANGE  
UPPER LOWER

UNITS

PPM  
PPM  
PPM  
PPM

E  
F  
G

NONHAZARDOUS MATERIAL %

CONC. RANGE  
UPPER LOWER

UNITS

PPM  
PPM  
PPM

WASTE PROPERTIES

PH

☐ TOXIC

☐ FLAMMABLE

☐ CORROSIVE/IRRITANT

☐ REACTIVE

☐ SENSITIZER

☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE

☐ SOLID

☒ LIQUID

☒ SLUDGE

☐ SLURRY

☐ GAS

☐ OTHER

SPECIAL HANDLING INSTRUCTIONS:

☒ GLOVES

☐ GOGGLES

☐ RESPIRATOR

☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑨

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT

ID NO. CA 00000072843

ADDRESS P.O. BOX 1082

CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352

PHONE NO. (213) 767-4424

JOB NO.

UNIT NO.

⑬ PICK-UP DATE

TIME

☐ AM

☒ PM

⑭

SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME LIQ  
ID NO. 150646257

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME LIQ  
ID NO. 150646257

⑮ QUANTITY (IF MEASURED) 1162

⑯ STATE FEE (IF ANY) \$1162

⑰ HANDLING OR DISPOSAL METHOD:

☐

SURFACE IMPOUNDMENT

☐

INJECTION WELL

☐

TREATMENT (SPECIFY)

☐

RECOVERY OR REUSE

☐

LANDFILL

☐

LAND TREATMENT

☐

STORAGE/TRANSFER

HP 000106

⑱

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 -

2-24-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME California Department of Health Services  
A NO. 00000000000000000000  
ADDRESS 1530 N. WARDEN WAY  
CITY, STATE, ZIP CODE SUN VALLEY CALIF 91352  
PHONE NO. (213) 775-2430  
ORDER PLACED BY Don Tolle ORDER DATE 2-24-81  
INTRACT NO. 1-1000

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME W. K. K. Corp  
EPA NO. 00000000000000000000  
ADDRESS 2240 W. HENSA AVE  
CITY, STATE, ZIP CODE WEST COVINA  
PHONE NO. 965-0711

ALTERNATE TSD FACILITY

NAME California Department of Health Services  
EPA NO. 00000000000000000000  
ADDRESS 1530 N. WARDEN WAY  
CITY, STATE, ZIP CODE SUN VALLEY CALIF 91352  
PHONE NO. (213) 775-2430

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE				29	DRUMS
WASTE					TANK TRUCK

WASTE CATEGORY HAZARDOUS WASTE  
LIST COMPONENTS: WATER SOLUBLE OIL  
SLUDGES  
SOLVENTS  
WASTE PROPERTIES: PH 7 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN  
PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER  
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE SHIPPED 2/24/81

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
A NO. 00000000000000000000  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 1  
UNIT NO. 6

PICK-UP DATE 2-24-81  
TIME 10:00 AM ☒ PM ☐

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME W. K. K. Corp  
A NO. 00000000000000000000  
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

QUANTITY (IF MEASURED) 1000  
STATE FEE (IF ANY) \$ 100.00

HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☒ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER  
☐ RECOVERY OR REUSE

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME W. K. K. Corp  
A NO. 00000000000000000000  
RECEIVED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE ACCEPTED 2/24/81

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 -

3-17-81

PRESS HARD

56550

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME Baron Rotten Services  
ID NO. CAD0000072843  
ADDRESS 1130 1st Ave S.W.  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 767-4424  
ORDER DATE 3/17/81  
WASTE PLACED BY Ron Toole  
TRACT NO. 120112-01

**DESIGNATED TSD FACILITY**

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK  
EPA NO. CAD0000072843  
ADDRESS 2210 BUKA AVE  
CITY, STATE, ZIP CODE WEST GLENDALE  
PHONE NO. 905-0911

**ALTERNATE TSD FACILITY**

NAME CASHMIRA M. P. P.  
EPA NO. CAD0000072843  
ADDRESS 1130 1st Ave S.W.  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 767-4424

**U. S. DOT PROPER SHIPPING NAME**

**U. S. DOT HAZARD CLASS**

**UN/NA I.D. NO.**

**WEIGHT OR VOLUME**

**UNITS**

**CONTAINERS. NUMBER**

WASTE			1000	90%	DRUMS		BAGS		CARTONS		DUMP TRUCK
WASTE					TANK TRUCK		OTHER				

**WASTE CATEGORY**

**LIST COMPONENTS**

Oil Water Soluble  
SOLVENT

**CONC. RANGE**

UPPER LOWER

**UNITS**

	PPM
	PPM
	PPM
	PPM

E  
F  
G

**GENERATING PROCESS**

**CONC. RANGE**

UPPER LOWER

**UNITS**

	PPM
	PPM
	PPM

**NONHAZARDOUS MATERIAL**

%

WASTE PROPERTIES PH ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS. ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

**GENERATOR CERTIFICATION:** THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

Ron Toole Planting Foreman 3/17/81  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
ID NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

**JOB NO.**

**UNIT NO.**

**PICK-UP DATE**

**TIME**

☐ AM ☐ PM

W. Keller 3/17/81  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME BKK  
ID NO. CAD0000072843

**QUANTITY (IF MEASURED)**

**STATE FEE (IF ANY)**

30

**HANDLING OR DISPOSAL METHOD**

☐ SURFACE IMPOUNDMENT ☒ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY)  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME   
ID NO.

R. Toole (2)  
SIGNATURE OF AUTHORIZED AGENT & TITLE

3-17-81  
DATE ACCEPTED

HP 000108



CALIFORNIA HAZARDOUS WASTE MANIFEST  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 00782 3-23-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME PARKER BERTEN  
ID NO. 0A130646257  
ADDRESS 11310 SHERMAN WAY  
CITY, STATE, ZIP CODE SUN VALLEY CA 91352  
PHONE NO. 818-292-2000  
ORDER DATE  
WASTE PLACED BY  
TRACT NO.

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME BKK CORP  
EPA NO. CA100657786749  
ADDRESS 2210 AZUSA AVE  
CITY, STATE, ZIP CODE WEST COVINA  
PHONE NO. 965-0511

ALTERNATE TSD FACILITY

NAME CASMA LIA DISPOSAL  
EPA NO. CA100207481125  
ADDRESS NIN ROAD  
CITY, STATE, ZIP CODE CASMA LIA CA  
PHONE NO. 805-937-8449

U. S. DOT PROPER SHIPPING NAME

WASTE CHROMIC ACID  
WASTE

U. S. DOT HAZARD CLASS

UN/NA I.D. NO.

WEIGHT OR VOLUME

UNITS

CONTAINERS: NUMBER

DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐  
TANK TRUCK ☐ OTHER ☐

WASTE CATEGORY

LIST COMPONENTS:

CHROMIC ACID - NEUTRALIZED  
75% - 80% WATER

EX. HAZ. WASTE PERMIT NO.

GENERATING PROCESS

PLATING

CONC. RANGE  
UPPER LOWER

UNITS

☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM

E  
F  
G

CONC. RANGE  
UPPER LOWER

UNITS

☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM  
☐ % ☐ PPM

NONHAZARDOUS MATERIAL %

WASTE PROPERTIES:

PH 5

☐ TOXIC

☐ FLAMMABLE

☒ CORROSIVE/IRRITANT

☐ REACTIVE

☐ SENSITIZER

☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE

☐ SOLID

☒ LIQUID

☐ SLUDGE

☐ SLURRY

☐ GAS

☐ OTHER

SPECIAL HANDLING INSTRUCTIONS:

☒ GLOVES

☒ GOGGLES

☐ RESPIRATOR

☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

Ron Tool Plating Forum  
SIGNATURE OF AUTHORIZED AGENT & TITLE

3/23/81  
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
ID NO. CAD000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO.

UNIT NO.

PICK-UP DATE

TIME

AM

PM

Denny Roney  
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME  
NO.

QUANTITY (IF MEASURED)

STATE FEE (IF ANY) \$

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME  
NO.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

HP 000109

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 00385

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME Plating Services  
PA NO. CAD0000072843  
ADDRESS 51931 Sun Valley Way  
CITY, STATE, ZIP CODE SUN VALLEY CA 91352  
PHONE NO. 818-293-2935  
ORDER PLACED BY Ron Toole ORDER DATE 4-29-81  
CONTRACT NO. 125706

**DESIGNATED TSD FACILITY**

NAME OKK LANDFILL  
EPA NO. CAD0000072843  
ADDRESS 2210 HAZEL AVE  
CITY, STATE, ZIP CODE WEST COVING  
PHONE NO. 965-8716

**ALTERNATE TSD FACILITY**

NAME CASADUNA DISPOSAL  
EPA NO. CAD0000072843  
ADDRESS NTN ROAD  
CITY, STATE, ZIP CODE CASADUNA CA  
PHONE NO. 805-937-5747

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHROMIC SLUMP</u>			<u>2,000</u>	<u>9AL</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

WASTE CATEGORY PLATING  
EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_  
GENERATING PROCESS PLATING  
LIST COMPONENTS: CHROMIC ACID  
CANSTN SODA  
WASTE PROPERTIES: PH 2 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN  
PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER  
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

Ron Toole Plating Facility 4-29-81  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
PA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 2  
UNIT NO. 2

PICK-UP DATE 4-29-81  
TIME ☐ AM ☐ PM

David R. Remy  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME \_\_\_\_\_  
PA NO. \_\_\_\_\_  
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

NAME \_\_\_\_\_  
PA NO. \_\_\_\_\_  
RECEIVED 11/80

David R. Remy  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

HP 000110

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 01107

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME ABC COMPANY  
PA NO. 123456789012  
ADDRESS 12345 MAIN ST  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 818 123-4567  
ORDER DATE 5/20/81  
CONTRACT NO. 1004

**DESIGNATED TSD FACILITY**

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK INC  
EPA NO. 123456789012  
ADDRESS 2345 MAIN ST  
CITY, STATE, ZIP CODE LOS ANGELES, CA 90001  
PHONE NO. 213 555-1234

**ALTERNATE TSD FACILITY**

NAME ABC COMPANY  
EPA NO. 123456789012  
ADDRESS 12345 MAIN ST  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 818 123-4567

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>LIQUID WASTE</u>			<u>800</u>	<u>gal</u>	DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE					TANK TRUCK <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>

WASTE CATEGORY 1  
LIST COMPONENTS:  
A LIQUID WASTE CONC. RANGE UPPER 1 LOWER 1 UNITS gal PPM 1  
B LIQUID WASTE CONC. RANGE UPPER 1 LOWER 1 UNITS gal PPM 1  
C LIQUID WASTE CONC. RANGE UPPER 1 LOWER 1 UNITS gal PPM 1  
D LIQUID WASTE CONC. RANGE UPPER 1 LOWER 1 UNITS gal PPM 1  
WASTE PROPERTIES: PH 7 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐  
PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER ☐  
SPECIAL HANDLING INSTRUCTIONS: GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.  
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.  
SIGNATURE OF AUTHORIZED AGENT & TITLE Ron Tack DATE SHIPPED 5/20/81

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
PA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 049  
UNIT NO. 12  
PICK-UP DATE 5/20/81 TIME 8 AM ☒ PM ☐  
SIGNATURE OF AUTHORIZED AGENT & TITLE Kelly

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME BKK INC  
PA NO. 123456789012  
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT NO  
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY 1004  
NAME 1004  
PA NO. 1004  
REVISED 11/80

QUANTITY (IF MEASURED) 800  
STATE FEE (IF ANY) \$  
HANDLING OR DISPOSAL METHOD: SURFACE IMPOUNDMENT ☐ LANDFILL ☒ INJECTION WELL ☐ LAND TREATMENT ☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER ☐ RECOVERY OR REUSE ☐  
SIGNATURE OF AUTHORIZED AGENT & TITLE 1004 DATE ACCEPTED 5/20/81

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 00224

6-15-81

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

① NAME San Joaquin Hills  
EPA NO. CAD000446257  
ADDRESS 1100 S. PULMAN WAY  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 875-2935  
ORDER PLACED BY Ron Tool ORDER DATE 6/15/81  
CONTRACT NO. \_\_\_\_\_

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME RKK CORP  
EPA NO. CAD0007386799  
ADDRESS 2210 AZUSA AVE  
CITY, STATE, ZIP CODE MUST COMPLY  
PHONE NO. 965-0911

③ ALTERNATE TSD FACILITY

NAME California Resources  
EPA NO. CAD0001278122  
ADDRESS 1214 1000  
CITY, STATE, ZIP CODE CASIMAR, CA  
PHONE NO. 805-757-8449

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>OIL (LATER SOLUBLE)</u>					<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE			<u>1200</u>	<u>9</u>	<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

⑤ WASTE CATEGORY \_\_\_\_\_ ⑥ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑦ GENERATING PROCESS \_\_\_\_\_

⑧ LIST COMPONENTS

	CONC.	RANGE	UNITS		CONC.	RANGE	UNITS
	UPPER	LOWER			UPPER	LOWER	
A <u>Oil</u>			<input type="checkbox"/> % <input type="checkbox"/> PPM	E			<input type="checkbox"/> % <input type="checkbox"/> PPM
B <u>SOLVENTS</u>			<input type="checkbox"/> % <input type="checkbox"/> PPM	F			<input type="checkbox"/> % <input type="checkbox"/> PPM
C			<input type="checkbox"/> % <input type="checkbox"/> PPM	G			<input type="checkbox"/> % <input type="checkbox"/> PPM
D			<input type="checkbox"/> % <input type="checkbox"/> PPM	NONHAZARDOUS MATERIAL _____ %			

⑨ WASTE PROPERTIES: PH 7 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ Ron Tool Plt. Foran 6/15/81  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 41  
UNIT NO. 4

⑭ PICK-UP DATE 6/15/81  
TIME 12:20 ☐ AM ☒ PM

⑮ Ron Ballarun  
SIGNATURE OF AUTHORIZED AGENT & TITLE

RECEIVED

JUL 12 1981

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑯ NAME RKK  
EPA NO. CAD000446257

⑰ QUANTITY (IF MEASURED) 48  
⑱ STATE FEE (IF ANY) \$

⑲ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY \_\_\_\_\_

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

⑲ (60)  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 6/15/81

HP 000112

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 01373

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME California Department of Health Services  
PA NO. 0000000000000000  
ADDRESS 1515 J Street, Sacramento, CA 95832  
CITY, STATE, ZIP CODE SACRAMENTO, CA 95832  
PHONE NO. 916-221-1111  
ORDER PLACED BY John Doe ORDER DATE 7/21/81  
CONTRACT NO. 1

**DESIGNATED TSD FACILITY**

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME B K R  
EPA NO. 0000000000000000  
ADDRESS 1515 J Street, Sacramento, CA 95832  
CITY, STATE, ZIP CODE SACRAMENTO, CA 95832  
PHONE NO. 916-221-1111

**ALTERNATE TSD FACILITY**

NAME California Department of Health Services  
EPA NO. 0000000000000000  
ADDRESS 1515 J Street, Sacramento, CA 95832  
CITY, STATE, ZIP CODE SACRAMENTO, CA 95832  
PHONE NO. 916-221-1111

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE			200	gal	DRUMS <input checked="" type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE					TANK TRUCK <input type="checkbox"/> OTHER <input type="checkbox"/>

WASTE CATEGORY EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS

LIST COMPONENTS:

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	
A	25	152	<input checked="" type="checkbox"/> %	PPM	E			PPM
B			<input type="checkbox"/> %	PPM	F			PPM
C			<input type="checkbox"/> %	PPM	G			PPM
D			<input type="checkbox"/> %	PPM				

WASTE PROPERTIES: ☒ PH ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe DATE SHIPPED 7/21/81

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
PA NO. CAD00000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 1 PICK-UP DATE 7-21-81  
UNIT NO. 1 TIME 7:00 AM ☒ PM ☐

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME California Department of Health Services  
PA NO. 0000000000000000  
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT  
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

QUANTITY (IF MEASURED) 200  
STATE FEE (IF ANY) \$ 7.71

HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER  
☐ RECOVERY OR REUSE

NAME John Doe SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe DATE ACCEPTED 7/21/81

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
PA NO. 0000000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424  
ORDER PLACED BY \_\_\_\_\_ ORDER DATE 7/21/84  
CONTRACT NO. \_\_\_\_\_

**56650 CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 01387

RECEIVED  
7-21-84  
AUG 7 1981

③ DESIGNATED TSD FACILITY

④ ALTERNATE TSD FACILITY

AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE					DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>
WASTE					TANK TRUCK <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>

WASTE CATEGORY \_\_\_\_\_ ① EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑥ GENERATING PROCESS \_\_\_\_\_  
LIST COMPONENTS: \_\_\_\_\_ CONC. RANGE UPPER LOWER UNITS \_\_\_\_\_ PPM E \_\_\_\_\_ CONC. RANGE UPPER LOWER UNITS \_\_\_\_\_ PPM  
A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_  
WASTE PROPERTIES: PH \_\_\_\_\_ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐  
PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐  
SPECIAL HANDLING INSTRUCTIONS: GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

① \_\_\_\_\_ SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE SHIPPED 7/21/84

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
PA NO. 0000000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 0203  
UNIT NO. 2

⑨ PICK-UP DATE 7/21/84 TIME 7:00 AM ☐ PM ☒

⑩ \_\_\_\_\_ SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME \_\_\_\_\_  
PA NO. \_\_\_\_\_  
⑪ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_  
⑫ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY \_\_\_\_\_

⑬ QUANTITY (IF MEASURED) 1.5  
⑭ STATE FEE (IF ANY) 5.00

⑮ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME \_\_\_\_\_  
PA NO. \_\_\_\_\_  
REVISED 11/80

⑯ \_\_\_\_\_ SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE ACCEPTED 7/21/84

HP 000114

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 01120

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

① NAME California State Department of Health Services  
EPA NO. 01120  
ADDRESS 1111 N. 2nd St.  
CITY, STATE, ZIP CODE San Francisco, CA 94133  
PHONE NO. 415 398 1111  
ORDER PLACED BY Donna T. [Signature] ORDER DATE 8/14/81  
CONTRACT NO. \_\_\_\_\_

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME Baker Corp.  
EPA NO. CAD0000072843  
ADDRESS 2212 N. Bush Ave  
CITY, STATE, ZIP CODE San Francisco, CA 94133  
PHONE NO. 415 765 0911

④ ALTERNATE TSD FACILITY

NAME California State Department of Health Services  
EPA NO. 01120  
ADDRESS 1111 N. 2nd St.  
CITY, STATE, ZIP CODE San Francisco, CA 94133  
PHONE NO. 415 398 1111

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Cadmium Sulfide</u>			<u>24.000</u>	<u>G.A.</u>	DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/>	
WASTE					TANK TRUCK <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	

⑥ WASTE CATEGORY HAZARDOUS WASTE ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS LABORATORY

⑨ LIST COMPONENTS

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	
A <u>Cadmium Sulfide</u>	<u>80</u>	<u>75</u>	<input checked="" type="checkbox"/> %	PPM			<input type="checkbox"/> %	PPM
B	<u>25</u>	<u>30</u>	<input checked="" type="checkbox"/> %	PPM			<input type="checkbox"/> %	PPM
C			<input type="checkbox"/> %	PPM			<input type="checkbox"/> %	PPM
D			<input type="checkbox"/> %	PPM			<input type="checkbox"/> %	PPM

⑩ WASTE PROPERTIES: PH 2 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [Signature]  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED 8/14/81

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 3  
UNIT NO. 2

⑮ PICK-UP DATE 8/19/81  
TIME ☐ AM ☐ PM

⑯ [Signature]  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑰ NAME LIW  
EPA NO. 01120

⑱ QUANTITY (IF MEASURED) 24.000  
⑲ STATE FEE (IF ANY) \$ 1.00

⑳ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

㉒ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY \_\_\_\_\_

NAME \_\_\_\_\_  
EPA NO. 01120  
REVISED 11/80

㉓ [Signature]  
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 8/14/81

HP 000115

SEE REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
OR PRINT CLEARLY.

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363-01802

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

③ NAME \_\_\_\_\_  
EPA NO. 000000000000000000  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_  
ORDER PLACED BY \_\_\_\_\_ ORDER DATE \_\_\_\_\_  
P.O. CONTRACT NO. \_\_\_\_\_

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK CORP  
EPA NO. 000000000000000000  
ADDRESS 2210  
CITY, STATE, ZIP CODE 1150000000  
PHONE NO. 965-0944

⑤ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑥ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>SPENT - 100% - WATER</u>	<u>FLAMMABLE</u>		<u>200</u>	<u>GAL</u>	<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE _____						

⑦ WASTE CATEGORY 2  
⑧ LIST COMPONENTS: \_\_\_\_\_ CONC. RANGE \_\_\_\_\_ UNITS \_\_\_\_\_  
UPPER LOWER  
A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
⑨ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_  
⑩ GENERATING PROCESS \_\_\_\_\_  
CONC. RANGE \_\_\_\_\_ UNITS \_\_\_\_\_  
UPPER LOWER  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
NONHAZARDOUS MATERIAL \_\_\_\_\_ %  
⑪ WASTE PROPERTIES: PH 2 ☒ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN  
⑫ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_  
⑬ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑭ SIGNATURE OF AUTHORIZED AGENT & TITLE \_\_\_\_\_ DATE SHIPPED \_\_\_\_\_

**TRANSPORTER** (HAULER MUST COMPLETE)

⑮ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 00449  
UNIT NO. \_\_\_\_\_

⑯ PICK-UP DATE 6/10/81  
TIME 6:00 ☒ AM ☐ PM

⑰ SIGNATURE OF AUTHORIZED AGENT & TITLE \_\_\_\_\_

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑱ NAME BKK CORP  
EPA NO. 000000000000000000  
⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_  
⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY \_\_\_\_\_

㉑ QUANTITY (IF MEASURED) 9.84 (48)  
㉒ STATE FEE (IF ANY) \$ 7.94

㉓ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

㉔ SIGNATURE OF AUTHORIZED AGENT & TITLE \_\_\_\_\_

HP 000116

DATE ACCEPTED 9/15/81



**PRESS HARD**

( ) NAME \_\_\_\_\_  
PA NO. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
ADDRESS \_\_\_\_\_  
CITY, STATE,  
ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_  
ORDER PLACED BY \_\_\_\_\_ ORDER  
DATE \_\_\_\_\_  
O / CONTRACT NO. \_\_\_\_\_

⑤ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK  
EPA NO. 220-177-777  
ADDRESS 220-177-777  
CITY, STATE, 220-177-777  
ZIP CODE 220-177-777  
PHONE NO. 220-177-777

#### ④ ALTERNATE TSD FACILITY

**NAME**

**EPA NO.**

**ADDRESS**

**CITY STATE**

**ZIP CODE**

**PHONE NO.**

⑨ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER							
WASTE			600	6.11	<input type="checkbox"/>	DRUMS	<input type="checkbox"/>	BAGS	<input type="checkbox"/>	CARTONS	<input type="checkbox"/>	DUMP TRUCK
WASTE					<input checked="" type="checkbox"/>	TANK TRUCK	<input type="checkbox"/>	OTHER				

WASTE CATEGORY \_\_\_\_\_

LIST COMPONENTS:

	CONC.	RANGE	UNITS		CONC.	RANGE	UNITS	
	UPPER	LOWER			UPPER	LOWER		
A			%	PPM			%	PPM
B			%	PPM			%	PPM
C			%	PPM			%	PPM
D			%	PPM			%	PPM

EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_

GENERATING PROCESS \_\_\_\_\_

NONHAZARDOUS MATERIAL \_\_\_\_\_ %

WASTE PROPERTIES: PH 7.8 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☐ LIQUID ☐ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_

SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

**GENERATOR CERTIFICATION:** THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED \_\_\_\_\_

NAME **LIQUID WASTE MANAGEMENT**  
 A NO. 

C	A	D	0	0	0	0	7	2	8	4	3
---	---	---	---	---	---	---	---	---	---	---	---

  
 ADDRESS **P.O. BOX 1082**  
 CITY, STATE **SUN VALLEY, CALIFORNIA 91352**  
 ZIP CODE  
 PHONE NO. **(213) 767-4424**

JOB NO. \_\_\_\_\_  
UNIT NO. \_\_\_\_\_

⑮ PICK-UP DATE 11/11/81  
TIME 11 AM 11 PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

[illegible]

NAME \_\_\_\_\_  
A NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
VISÉD 11/80

(18) QUANTITY (IF MEASURED):

STATE FEE (IF ANY) \$

21 HANDLING OR DISPOSAL METHOD:

SURFACE IMPOUNDMENT ☐ ANDRELL

INJECTION WELL ☐ LAND TREATMENT

TREATMENT (SPECIFY) \_\_\_\_\_

RECOVERY OR REUSE ☐ STORAGE ☒ TRANSFER

21

SIGNATURE OF AUTHORIZED AGENT & TITLE

HP 000117

DATE ACCEPTED \_\_\_\_\_

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

57210

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 01977

**GENERATOR** (GENERATOR MUST COMPLETE)

② NAME Waste Management, Inc.  
EPA NO. 0000000000000000  
ADDRESS 1082 P.O. Box  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424  
ORDER PLACED BY Waste Management, Inc. ORDER DATE 11/2  
CONTRACT NO. 1129700-001

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME BRK  
EPA NO. 0000000000000000  
ADDRESS 2210 1st St  
CITY, STATE, ZIP CODE W. CA 91352  
PHONE NO. 661

④ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE			500 gal		DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑥ WASTE CATEGORY \_\_\_\_\_  
⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_  
⑧ GENERATING PROCESS \_\_\_\_\_  
⑨ LIST COMPONENTS: \_\_\_\_\_  
CONC. RANGE UPPER LOWER UNITS  
A \_\_\_\_\_ PPM E \_\_\_\_\_ PPM  
B \_\_\_\_\_ PPM F \_\_\_\_\_ PPM  
C \_\_\_\_\_ PPM G \_\_\_\_\_ PPM  
D \_\_\_\_\_ PPM  
NONHAZARDOUS MATERIAL \_\_\_\_\_ %  
⑩ WASTE PROPERTIES: PH \_\_\_\_\_ TOXIC \_\_\_\_\_ FLAMMABLE \_\_\_\_\_ CORROSIVE-IRRITANT \_\_\_\_\_ REACTIVE \_\_\_\_\_ SENSITIZER \_\_\_\_\_ CARCINOGEN/MUTAGEN \_\_\_\_\_  
⑪ PHYSICAL STATE: ☐ SOLID ☐ LIQUID ☐ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER \_\_\_\_\_  
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER \_\_\_\_\_

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Ron Tork SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE SHIPPED 11/2/81

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 689  
UNIT NO. 3

⑮ PICK-UP DATE 11/2/81  
TIME \_\_\_\_\_ ☐ AM ☒ PM

⑯ W. K. Allen SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑰ NAME BRK  
EPA NO. 0000000000000000  
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_  
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY \_\_\_\_\_  
NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

⑳ QUANTITY (IF MEASURED) 500  
㉑ STATE FEE (IF ANY) \$ 1.93

HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☒ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

⑳ W. K. Allen SIGNATURE OF AUTHORIZED AGENT & TITLE  
DATE ACCEPTED 11/2/81

HP 000118

PRESS HARD

(2) NAME \_\_\_\_\_  
EPA NO. [ ]  
ADDRESS \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_  
ORDER PLACED BY \_\_\_\_\_ ORDER DATE \_\_\_\_\_  
P.O. CONTRACT NO. \_\_\_\_\_

363 - 02014

#### ④ ALTERNATE TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME B. K. K.  
EPA NO. CAD 0 3 1 3 7 2 2  
ADDRESS 2910 A 2nd Ave  
CITY, STATE, ZIP CODE Atlanta, Georgia 30303  
PHONE NO. 404-525-1111

**NAME** \_\_\_\_\_  
**EPA NO.** [ ]  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE,** \_\_\_\_\_  
**ZIP CODE** \_\_\_\_\_  
**PHONE NO.** \_\_\_\_\_

③ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER			
WASTE <i>Waste Oil</i>			500	gal	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE					TANK TRUCK	OTHER		

(6) WASTE CATEGORY <u>HAZ</u>						(7) EX. HAZ. WASTE PERMIT NO. _____								(8) GENERATING PROCESS _____											
(9) LIST COMPONENTS:						CONC.		RANGE		UNITS						CONC.		RANGE		UNITS					
						UPPER	LOWER			%		PPM	E			UPPER	LOWER			%		PPM	F		
A										%		PPM	G							%		PPM			
B										%		PPM								%		PPM			
C										%		PPM								%		PPM			
D										%		PPM								%		PPM			
(10) WASTE PROPERTIES: PH <u>2</u> <input type="checkbox"/> TOXIC <input type="checkbox"/> FLAMMABLE <input type="checkbox"/> CORROSIVE-IRRITANT <input type="checkbox"/> REACTIVE <input type="checkbox"/> SENSITIZER <input type="checkbox"/> CARCINOGEN/MUTAGEN																									
(11) PHYSICAL STATE <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> GAS <input type="checkbox"/> OTHER																									
(12) SPECIAL HANDLING INSTRUCTIONS <input checked="" type="checkbox"/> GLOVES <input checked="" type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OTHER																									

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802

⑬ For Agent 1/15/51

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

(14) NAME **LIQUID WASTE MANAGEMENT**  
 EPA NO. 

C	A	D	0	0	0	0	7	2	8	4	3
---	---	---	---	---	---	---	---	---	---	---	---

  
 ADDRESS **P.O. BOX 1082**  
 CITY, STATE **SUN VALLEY, CALIFORNIA 91352**  
 ZIP CODE  
 PHONE NO **(213) 767-4424**

JOB NO. 74  
UNIT NO. 78

⑬ PICK-UP DATE 11/17/81  
TIME 11:00 ☒ AM ☐ PM

(16) \_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT & TITLE

(1) NAME \_\_\_\_\_  
EPA NO. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(18) QUANTITY (IF MEASURED) 4000  
(19) STATE FEE (IF ANY) 25

69 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

[illegible]

2) HANDLING OR DISPOSAL METHOD:

<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/>	LANDFILL
<input type="checkbox"/>	INJECTION WELL	<input type="checkbox"/>	LAND TREATMENT
<input type="checkbox"/>	TREATMENT (SPECIFY)		
<input type="checkbox"/>	RECOVERY OR REUSE	<input type="checkbox"/>	STORAGE/TRANSFER

21

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

57210

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 02230

12-8-81

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

**DESIGNATED TSD FACILITY**

**ALTERNATE TSD FACILITY**

NAME California Waste Management  
EPA NO. 000000000000000000  
ADDRESS 2460  
CITY, STATE, ZIP CODE San Jose, CA 95128  
PHONE NO. 415-285-1234  
ORDER PLACED BY John Doe ORDER DATE 12/8/81  
P.O. CONTRACT NO. 123456789

NAME California Waste Management  
EPA NO. 000000000000000000  
ADDRESS 2460  
CITY, STATE, ZIP CODE San Jose, CA 95128  
PHONE NO. 415-285-1234

NAME California Waste Management  
EPA NO. 000000000000000000  
ADDRESS 2460  
CITY, STATE, ZIP CODE San Jose, CA 95128  
PHONE NO. 415-285-1234

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE			500	gal	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					OTHER	

WASTE CATEGORY 47  
EX. HAZ. WASTE PERMIT NO. 123456789  
GENERATING PROCESS 123456789  
LIST COMPONENTS:  
A Acetic Acid CONC. RANGE UPPER 100 LOWER 100 UNITS 1 PPM 100  
B Acetic Acid CONC. RANGE UPPER 100 LOWER 100 UNITS 1 PPM 100  
C Acetic Acid CONC. RANGE UPPER 100 LOWER 100 UNITS 1 PPM 100  
D Acetic Acid CONC. RANGE UPPER 100 LOWER 100 UNITS 1 PPM 100  
WASTE PROPERTIES PH 4 TOXIC ☐ FLAMMABLE ☐ CORROSIVE-IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐  
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐  
SPECIAL HANDLING INSTRUCTIONS. ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe DATE SHIPPED 12/8/81

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD0000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 975 UNIT NO. 3  
PICK-UP DATE 12/8/81 TIME 10 AM ☐ PM ☐

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME California Waste Management  
EPA NO. 000000000000000000  
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT None  
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY None  
NAME California Waste Management  
EPA NO. 000000000000000000

QUANTITY (IF MEASURED) 500  
STATE FEE (IF ANY) \$ 100

HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) None  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE John Doe DATE ACCEPTED 12/8/81

HP 000120

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 186

PRESS-HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

① NAME TAKE A SUPPLIES  
EPA NO. 11111111111111  
ADDRESS 7131 SHUTLAND WAY  
CITY, STATE, ZIP CODE SUN VALLEY, CA. 91352  
PHONE NO. 818 292 2922  
ORDER PLACED BY RON TEOLE ORDER DATE 1/13/81  
P.O. CONTRACT NO. 1000000

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME TAKE A SUPPLIES  
EPA NO. 11111111111111  
ADDRESS 7131 SHUTLAND WAY  
CITY, STATE, ZIP CODE SUN VALLEY, CA. 91352  
PHONE NO. 818 292 2922

③ ALTERNATE TSD FACILITY

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE			3000	gal	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑤ WASTE CATEGORY HAZARDOUS SLUDGE ⑥ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑦ GENERATING PROCESS \_\_\_\_\_

⑧ LIST COMPONENTS:

	CONC.	RANGE	UNITS		CONC.	RANGE	UNITS	
	UPPER	LOWER			UPPER	LOWER		
A <u>CHROME</u>			PPM	E			PPM	
B <u>ARSENIC</u>			PPM	F			PPM	
C <u>CAD</u>			PPM	G			PPM	
D			PPM				PPM	

⑨ WASTE PROPERTIES PH 7 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ Ron Teole Sr. President 1-13-81  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT  
EPA NO. CAD000072843  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. \_\_\_\_\_  
UNIT NO. \_\_\_\_\_

⑭ PICK-UP DATE 1/13/81  
TIME 2 AM ☒ PM

⑮ W. Kelley  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

⑯ NAME TAKE A SUPPLIES  
EPA NO. 11111111111111  
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT \_\_\_\_\_

⑱ QUANTITY (IF MEASURED) 2214  
⑲ STATE FEE (IF ANY) \$ 2214

⑳ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) \_\_\_\_\_  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY.

NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_  
REVISED 11/80

㉒ W. Kelley 1-13-81  
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

HP 000121

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363 - 726

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME PAK-KI-SONG SERVICES  
A NO. 0000000000000000  
ADDRESS 1150 JEFFERSON WAY  
CITY, STATE, ZIP CODE SUN VALLEY CA 91352  
PHONE NO. 818-243-0000  
ORDER PLACED BY R. T. TOOLE ORDER DATE 3/24/91  
CONTRACT NO. 1150 JEFFERSON WAY

**DESIGNATED TSD FACILITY**

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME BKIC  
EPA NO. 0000000000000000  
ADDRESS 2210 HUNTER AVE  
CITY, STATE, ZIP CODE WEST FARMINGTON CT 06097  
PHONE NO. 959-2000

**ALTERNATE TSD FACILITY**

NAME CASMAN'S BUSINESS  
EPA NO. 0000000000000000  
ADDRESS 2100 5th St  
CITY, STATE, ZIP CODE CALIFORNIA CT 06097  
PHONE NO. 959-2578

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHLORINE ACID</u>			<u>5000</u>	<u>gals</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> OTHER

WASTE CATEGORY \_\_\_\_\_  
LIST COMPONENTS: CHLORINE ACID - 100% HCL  
CONC. RANGE UPPER LOWER UNITS  
WASTE PROPERTIES PH ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN  
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER  
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER  
EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_  
GENERATING PROCESS PLATING  
CONC. RANGE UPPER LOWER UNITS  
NONHAZARDOUS MATERIAL \_\_\_\_\_ %

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

R. T. Toole  
SIGNATURE OF AUTHORIZED AGENT & TITLE

3/23/91  
DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
A NO. 0000000000000000  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 3  
UNIT NO. 2

PICK-UP DATE 3-23-91  
TIME 9:00 ☒ AM ☐ PM

Thomas R. ...  
SIGNATURE OF AUTHORIZED AGENT & TITLE

**TSD FACILITY** (OPERATOR MUST COMPLETE)

NAME BKIC  
A NO. 0000000000000000

QUANTITY (IF MEASURED) 20.07  
STATE FEE (IF ANY) \$ 20.07

HANDLING OR DISPOSAL METHOD: ☒ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER  
☐ RECOVERY OR REUSE

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME \_\_\_\_\_  
A NO. 0000000000000000

Thomas R. ...  
SIGNATURE OF AUTHORIZED AGENT & TITLE

3/24/91  
DATE ACCEPTED

HP 000122

REVERSE SIDES FOR  
INSTRUCTIONS. PLEASE TYPE  
PRINT CLEARLY.

**CALIFORNIA HAZARDOUS WASTE MANIFEST**  
STATE DEPARTMENT OF HEALTH SERVICES  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P STREET, SACRAMENTO, CA 95814

363- 00154

JAN 29 1981

PRESS HARD

**GENERATOR** (GENERATOR MUST COMPLETE)

NAME PARKER BERTER  
NO. CAD0000000000000000  
ADDRESS 11310 SHERWOOD LANE  
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352  
PHONE NO. 875-0930  
ORDER PLACED BY John H. H. ORDER DATE 1-7-81  
TRACT NO.

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)  
NAME BKK LANDFILL  
EPA NO. CAD0000000000000000  
ADDRESS 2210 AZUSA AVE  
CITY, STATE, ZIP CODE W. CONCORD, CA 94591  
PHONE NO. 905-0916

④ ALTERNATE TSD FACILITY

NAME CHANDLER DISPOSAL  
EPA NO. CAD0000000000000000  
ADDRESS NTU RD  
CITY, STATE, ZIP CODE CHANDLER, AZ 85226  
PHONE NO.

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>WASTE OIL</u>	<u>None</u>		<u>1000 gal</u>		DRUMS	
					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY

LIST COMPONENTS

① EX. HAZ. WASTE PERMIT NO. 3-1681

② GENERATING PROCESS

CONC.	RANGE	UNITS	PPM	E	PPM	F	PPM	G	PPM	NONHAZARDOUS MATERIAL	%

WASTE PROPERTIES PH ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL  
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

① SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

**TRANSPORTER** (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT  
NO. CAD0000000000000000  
ADDRESS P.O. BOX 1082  
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352  
PHONE NO. (213) 767-4424

JOB NO. 1  
UNIT NO. 9

⑤ PICK-UP DATE 1-8-81  
TIME 0900 ☒ AM ☐ PM

⑥ SIGNATURE OF AUTHORIZED AGENT & TITLE

**DISPOSAL FACILITY** (OPERATOR MUST COMPLETE)

NAME HP 000123  
NO. 000123  
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT  
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY  
NO. 000123  
DATE 11/80

⑧ QUANTITY (IF MEASURED)  
⑨ STATE (IF ANY)

⑩ HANDLING OR DISPOSAL METHOD:  
☐ SURFACE IMPOUNDMENT ☐ LANDFILL  
☐ INJECTION WELL ☐ LAND TREATMENT  
☐ TREATMENT (SPECIFY)  
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑪ SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

11-7-79

363- 4523

NAME: **Aviation Hydraulics**  
 PICK UP ADDRESS: **11310 Sherman Way**  
**Sun Valley Ca. 91352**  
 TEL NO./CONTACT: **PO.# 129708 011**  
**875-2930**  
 P. O. NO.

CODE NO.

DATE:

TYPE OF PROCESS WHICH PRODUCES WASTE **ELECTRO PLATING**  
 (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CHECK TYPE OF WASTE	
1 <input checked="" type="checkbox"/> acid solution	8 <input checked="" type="checkbox"/> tank bottom sediment
2 <input checked="" type="checkbox"/> alkaline solution	9 <input checked="" type="checkbox"/> oil
3 <input checked="" type="checkbox"/> pesticides	10 <input checked="" type="checkbox"/> drilling mud
4 <input checked="" type="checkbox"/> paint sludge	11 <input checked="" type="checkbox"/> contaminated soil and sand
5 <input checked="" type="checkbox"/> solvent	12 <input checked="" type="checkbox"/> cannery waste
6 <input checked="" type="checkbox"/> tetraethyl lead sludge	13 <input checked="" type="checkbox"/> latex waste
7 <input checked="" type="checkbox"/> chemical toilet wastes	14 <input checked="" type="checkbox"/> mud and water
<input checked="" type="checkbox"/> other (specify) _____	15 <input checked="" type="checkbox"/> brine

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration	%	ppm
	lower	upper	
1 <b>Chromic acid</b>			
2 <b>Chromic acid</b>			
3 <b>Sulfuric acid</b>			
4 <b>water soluble oil</b>			
5			
6			

pH **8** ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME: **3,000** gal. ☒ tons ☒ barrels (42 gal) ☒ other (specify) \_\_\_\_\_

CONTAINERS: (NUMBER) ☒ drums ☒ cartons ☒ bags ☒ other (specify) \_\_\_\_\_

PHYSICAL STATE: ☒ solid ☒ liquid ☒ sludge ☒ other (specify) \_\_\_\_\_

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

**Pen Tool Plating Sup.**

Name (print or type): **LIQUID WASTE MANAGEMENT**  
 Business Address: **P. O. BOX 1082 SUN VALLEY CALIFORNIA 91352**  
 Telephone Number: (213) 767-4424  
 State Liquid Waste Hauler's Registration No. (if applicable): **363**  
 Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No.: **2**  
 Vehicle: ☒ vacuum truck ☒ flatbed ☒ other (specify) \_\_\_\_\_

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type): **Cala L. L.**  
 Site Address: **2015 W. 1st St.**

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): **14.16** State fee (if any): **1.01**

## HANDLING METHOD(S):

☒ recovery ☒ treatment (specify) \_\_\_\_\_  
 (Examples: incineration, neutralization, precipitation)  
☒ disposal (specify) ☒ pond ☒ spreading ☒ landfill ☒ injection well  
☒ other (specify) \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: **11-7-79**  
 I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**DOT PROPER SHIPPING NAME**

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

HP 000124



# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

10-5-79

363-4280

NAME: AVIATION HYDRAULICS CODE NO.       
 PICK UP ADDRESS: 11310 SIERMAN WAY  
SUN VALLEY - 91342 DATE: 10-5-79  
 TEL NO./CONTACT: (213) 875-2930  
 P. O. NO.     

TYPE OF PROCESS WHICH PRODUCES WASTE MACHINE WORK Code No.       
 (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

## CHECK TYPE OF WASTE

- ☒ 1 acid solution
- ☒ 2 alkaline solution
- ☒ 3 pesticides
- ☒ 4 paint sludge
- ☒ 5 solvent
- ☒ 6 tetraethyl lead sludge
- ☒ 7 chemical toilet wastes

- ☒ 8 tank bottom sediment
- ☒ 9 oil
- ☒ 10 drilling mud
- ☒ 11 contaminated soil and sand
- ☒ 12 cannery waste
- ☒ 13 latex waste
- ☒ 14 mud and water
- ☒ 15 brine

☒ other (specify)      Code No.     

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration	%	ppm
		lower	upper	
1	<u>WATER 70%</u>			
2	<u>OIL 10%</u>			
3				
4				
5				
6				

pH 4 ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME: 700 ☒ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify)       
 CONTAINERS:      (NUMBER) ☒ drums ☐ cartons ☐ bags ☐ other (specify)       
 PHYSICAL STATE: ☒ solid ☐ liquid ☐ sludge ☐ other (specify)       
 SPECIAL HANDLING INSTRUCTIONS (IF ANY) NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler. (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type): LIQUID WASTE MANAGEMENT Code No.       
 Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352  
 Telephone Number: (213) 767-4424 (Number) (Street) 10-5 (City) 79 (Date)      (Time)      am ☐ pm ☐  
 State Liquid Waste Hauler's Registration No. (if applicable): 363  
 Job No.:      No. of Loads or Trips:      Unit No.: 2  
 Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)     

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type): Cal X Code No.       
 Site Address: 26919 Ventura Pl Oxnard

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1245 LBS State fee (if any): 10/4

## HANDLING METHOD(S):

- ☒ recovery
- ☒ treatment (specify)      code no.       
 (Examples: incineration, neutralization, precipitation)
- ☒ disposal (specify) ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify)      code no.

If waste is held for disposal elsewhere specify final location:     

Disposal Date: 10-5-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

HP 000125

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

4-26-79

C-1357

363-4217

Aviation Hydraulics  
11310 Sherman Way  
Sun Valley Ca. 91352  
PO.# 12970E 011  
875-2950

CODE NO.

DATE: 9/16/79

Name (print or type): **LIQUID WASTE MANAGEMENT**  
Business Address: **P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352**  
(Number) (City)  
Telephone Number: (213) 767-4424  
Pick Up: 9-26-79 (Date) Time: 11:00 am  
State Liquid Waste Hauler's Registration No. (if applicable): 363  
Job No.: 1 No. of Loads or Trips: 1 Unit No.: 1  
Vehicle: ☒ vacuum truck 176 barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.  
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

*[Signature]*  
Signature of authorized agent and title

TYPE OF PROCESS WHICH PRODUCES WASTE  
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

## CHECK TYPE OF WASTE

- 1 ☒ acid solution  
2 ☒ alkaline solution  
3 ☒ pesticides  
4 ☒ paint sludge  
5 ☒ solvent  
6 ☒ tetraethyl lead sludge  
7 ☒ chemical toilet wastes  
☐ other (specify)

- 8 ☒ tank bottom sediment  
9 ☒ oil  
10 ☒ drilling mud  
11 ☒ contaminated soil and sand  
12 ☒ cannery waste  
13 ☒ latex waste  
14 ☒ mud and water  
15 ☒ brine

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration	%	ppm
		lower	upper	
1	CN	5	10	
2				
3				
4	672 gal			
5				
6				

pH 4.13 ☐ none ☒ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 14 gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify)  
CONTAINERS: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify)  
PHYSICAL STATE: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)  
SPECIAL HANDLING INSTRUCTIONS (IF ANY):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

*[Signature]*  
Signature of authorized agent and title

Name (print or type): **FIGUEROA**  
Site Address: **24501 SO. FIGUEROA**

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

## HANDLING METHOD(S):

- ☒ recovery  
☒ treatment (specify) **CYANIDE TANK**  
(Examples: incineration, neutralization, precipitation)  
☐ disposal (specify) ☐ pond ☐ spreading ☐ landfill ☐ injection well  
☐ other (specify)

If waste is held for disposal elsewhere specify final location:

Disposal Date: 9-16-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

*[Signature]*  
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**DOT PROPER SHIPPING LIQUID WASTE NOT  
ACID NEUTRALIZATION**

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

HP 000126

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

8-1-79

363-3942

## WASTE (Must be filled by producer)

UP  
ADDRESS

AVIATION HYDRAULICS  
11110 S. Main Way

CODE NO.

--	--	--	--	--

DATE:

--	--	--	--	--

TEL NO./  
CONTACT:

P O NO

TYPE OF PROCESS WHICH PRODUCES WASTE

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

--	--	--	--

Code No.

## DESCRIPTION OF WASTE (Must be filled by producer)

### CHECK TYPE OF WASTE

- 1 ☐ acid solution  
2 ☐ alkaline solution  
3 ☐ pesticides  
4 ☐ paint sludge  
5 ☐ solvent  
6 ☐ tetraethyl lead sludge  
7 ☐ chemical toilet wastes

- 8 ☐ tank bottom sediment  
9 ☒ oil  
10 ☐ drilling mud  
11 ☐ contaminated soil and sand  
12 ☐ cannery waste  
13 ☐ latex waste  
14 ☐ mud and water  
15 ☐ brine

☐ other (specify) \_\_\_\_\_

Code No.

## COMPONENTS

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>

## HAZARDOUS PROPERTIES OF WASTE

pH \_\_\_\_\_ ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: \_\_\_\_\_ ☒ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) \_\_\_\_\_  
CONTAINERS: \_\_\_\_\_ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) \_\_\_\_\_  
PHYSICAL STATE: \_\_\_\_\_ ☐ solid ☐ liquid ☐ sludge ☐ other (specify) \_\_\_\_\_

SPECIAL HANDLING INSTRUCTIONS (IF ANY): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424

Pick Up: \_\_\_\_\_

(Date) \_\_\_\_\_

Time: \_\_\_\_\_ ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify) \_\_\_\_\_

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

## HANDLING METHOD(S):

- ☐ recovery  
☐ treatment (specify) \_\_\_\_\_  
(Examples: incineration, neutralization, precipitation)  
☒ disposal (specify) ☐ pond ☐ spreading ☒ landfill ☐ injection well  
☐ other (specify) \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

HP 000127

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

5-6-79

363-3612

**Aviation Hydraulics**  
11310 Sherman Way  
Sun Valley Ca. 91352  
PO. # 129708 011

TEL NO./CONTACT: 875-2930

P. O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE metal plating  
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DATE: 8-6-79

Name (print or type):

**LIQUID WASTE MANAGEMENT**

Business Address:

P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424

(Number) (Street) (City)

State Liquid Waste Hauler's Registration No.

363

Job No.:

Vehicle:

vacuum truck

flatbed

other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

*L. P. ...*  
Signature of authorized agent and title

Name (print or type):

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State fee (if any):

## HANDLING METHOD(S):

recovery

treatment (specify)

(Examples: incineration, neutralization, precipitation)

disposal (specify)

pond

spreading

landfill

injection well

other (specify)

If waste is held for disposal elsewhere specify final location:

Disposal Date:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**DOT PROPER SHIPPING NAME**

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

## CHECK TYPE OF WASTE

1 acid solution

2 alkaline solution

3 pesticides

4 paint sludge

5 solvent

6 tetraethyl lead sludge

7 chemical toilet wastes

other (specify)

8 tank bottom sediment

9

10 drilling mud

11 contaminated soil and sand

12 cannery waste

13 latex waste

14 mud and water

15 brine

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration	%	ppm
	lower	upper	
1 <u>chromic acid</u>			
2 <u>chromic acid</u>			
3 <u>chromic acid</u>			
4 <u>chromic acid</u>			
5 <u>chromic acid</u>			
6 <u>chromic acid</u>			

pH 4-6 none toxic flammable corrosive explosive

BULK VOLUME: 2500 gal. totes barrels (42 gal) other (specify)  
CONTAINERS: drums cartons bags other (specify)  
PHYSICAL STATE: solid liquid sludge other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

*Ron Tool Plating, Inc.*  
Signature of authorized agent and title

HP 000128